

Name
in
Full

Andrew J. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Annapolis	Anne Arundel	
Date of death 1902 August	Month Day	Years
Age 8 th		
Sex Male	Color or Race Colored	Occupation
Married, Single or Widowed		
Name of Wife or Husband		
Father's Name Andrew J. Baker	Father's Birthplace Virginia	
Mother's Maiden Name Maggie E. Ross	Mother's Birthplace Annapolis	
Name of person giving information Maggie E. Ross	How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

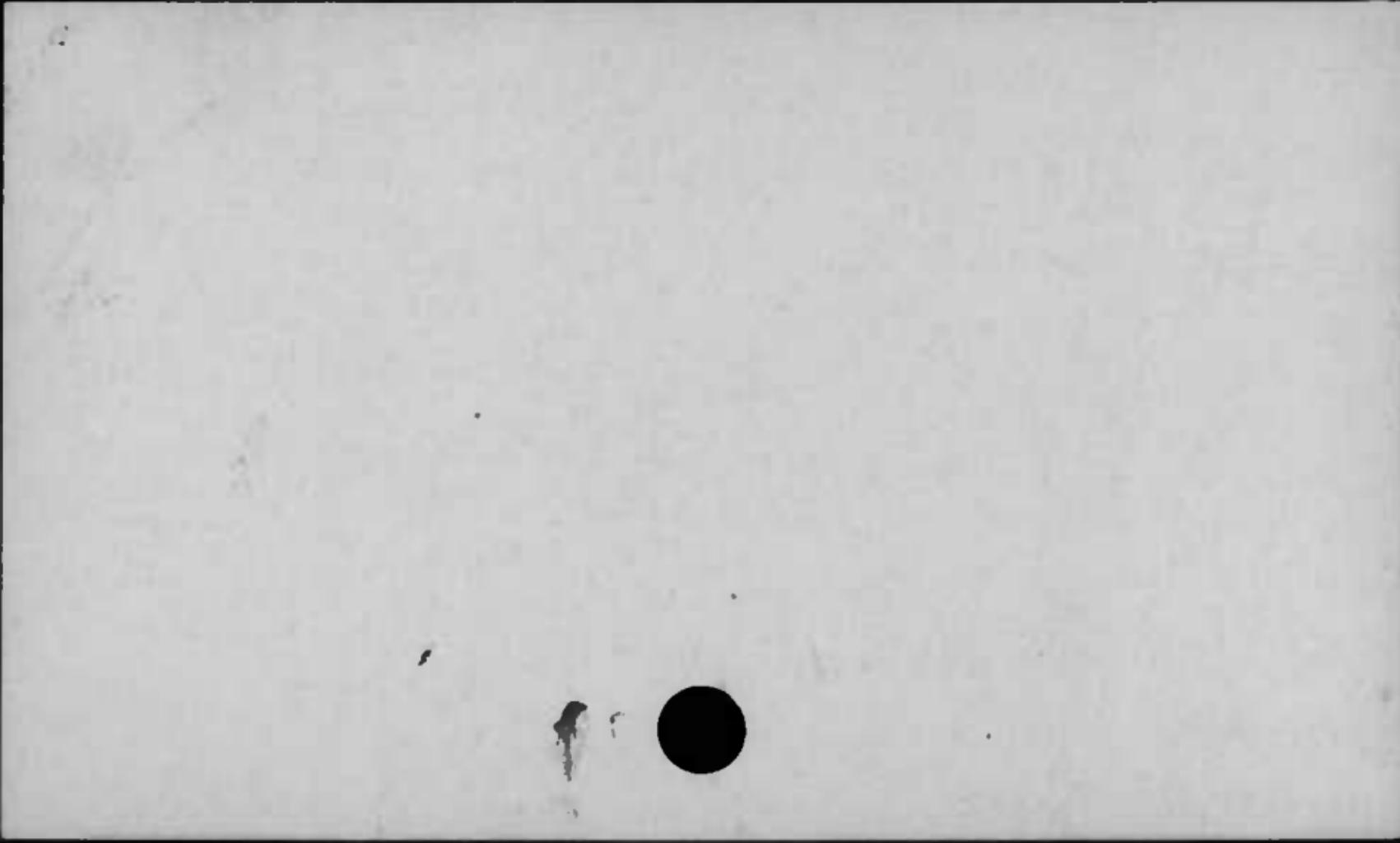
Primary Marasmus	105	How long Two weeks
Immediate Asthenia		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician No. Physician	Address Investigated by Health Officer
Accident or Suicide?		



Leoise Bennett

Died at	Town	County	MARYLAND
Odenton	Anne Arundel		
Date 19	Month	Day	Native of
02	8, 19	Y. M. D.	New York
Femele	White	Married	Occupation
	Colored	Single	Deadly
Husband of		Widow	
Wife		Widower	
Father's Name	Sanford Bennett	Mother's Maiden Name	Nancy Okie
Cause of Death	Primary	How long sick	for years
	Immediate		Accident Suicide Homicide
Reported by	J W Dennis MD		
Address	Garnbulle		15+

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clarissa Augusta Boyer

Town

County

Died at

Near Maynards Anne Arundel

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Aug 15

Age

15

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mrs H. Boyer

Mother's
Maiden Name

Christiana Curry

Cause of

Primary

Teething

How long sick

Death

Immediate

Convulsions

71

Accident, Suicide, Homicide

Reported by

Geo. F. Cranmer

Address

Armenia

Aug 15 md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Walter Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at Annapolis	Ad.	
Date of death 1903 August	Month Day	Years
Age 3	Months 2	Days 15
Sex Male	Color or Race Colored	Occupation
Married, Single or Widowed	Birth-place Annapolis	
Name of Wife or Husband		
Father's Name John W. Brown 105	Father's Birthplace Annapolis	
Mother's Maiden Name Annie C. Simms	Mother's Birthplace Annapolis	
Name of person giving Information Annie C. Simms	How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Narasmur

How long

One week

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yer

Address

John Ridout, M.D.
Annapolis
Md.

Accident or Suicide?



Carroll Lee Disney

Town

County

Died at Admiral

Adams Arundel

MARYLAND

Date 1912

Month Day

Y. M. D.

Native of

Occupation

Male

Female

8 - 28

White

Colored

Age

Married

Single

24

Widower

Divorced

Number of children living

Husband of

Wife

20

Father's

Name

Mother

Na

Summerville C. Disney Delta Disney

Cause

Primary

Death

Immediate

5 days

Accident, Suicide, Homicide

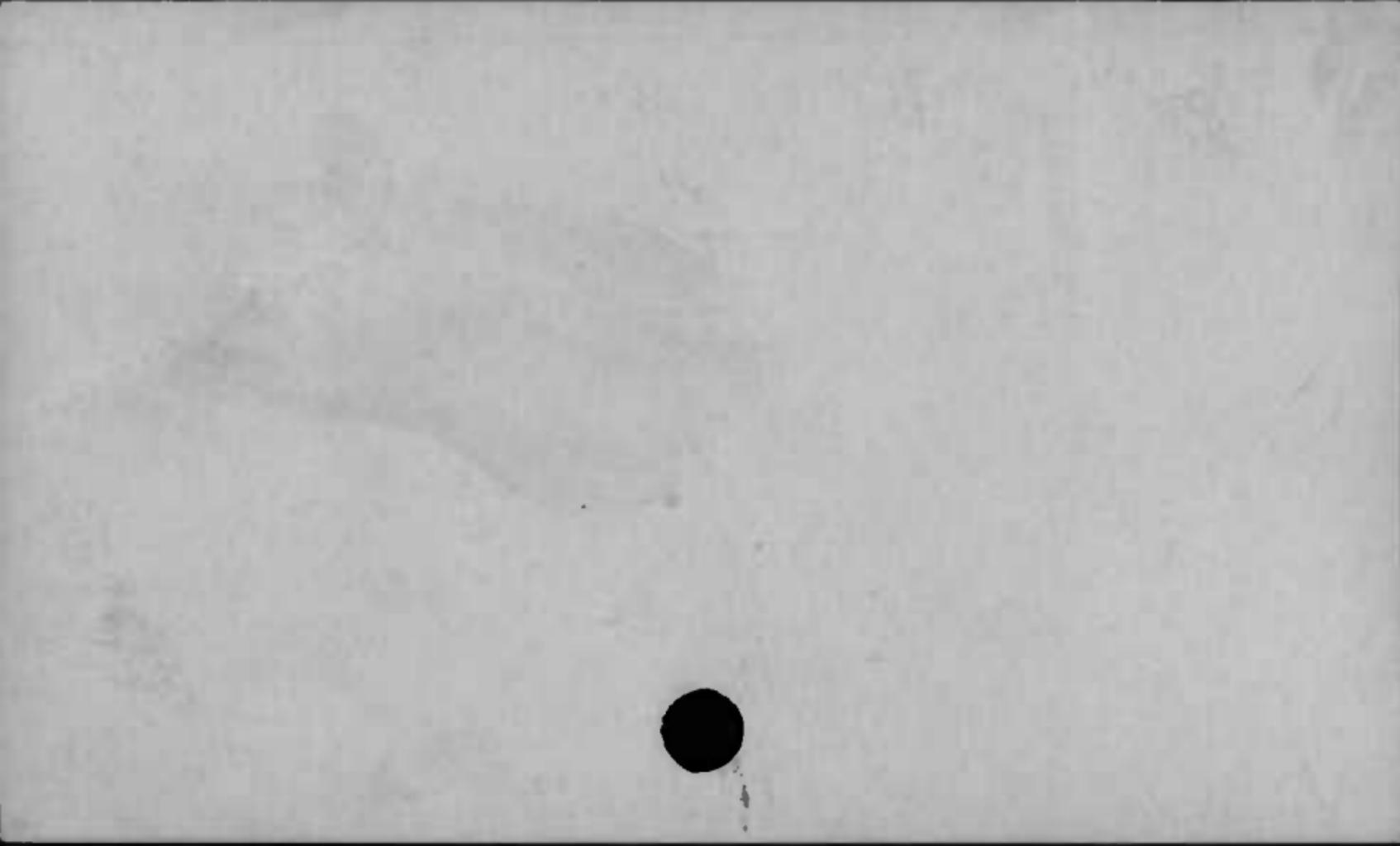
Reported by

R. Hammond Jr. &

Address

Desu. Ind. ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Roland Edwards

CERTIFICATE OF DEATH

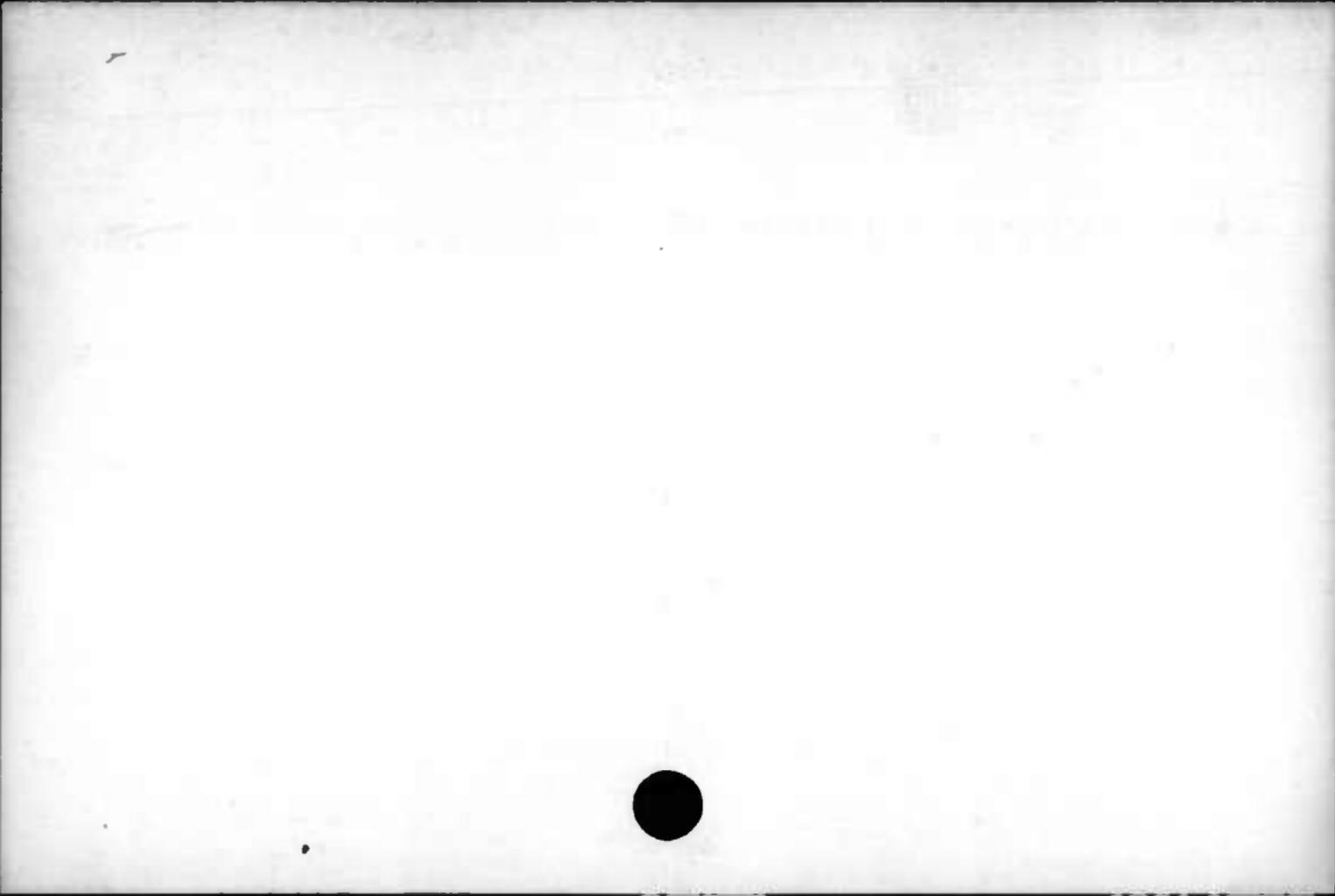
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Wellhams	County Anne Arundel	MARYLAND
Date of death 190	Month 2 August	Day 21	Years Age
Sex Male	Color or Race Colored	Birth- place Anne Arundel Co	Months 2
Married, Single or Widowed	Occupation		Days
Name of Wife or Husband			
Father's Name	George Edwards	Father's Birthplace Atco Md	
Mother's Maiden Name		Mother's Birthplace Atco Md	
Name of person giving Information	Harry Edwards	How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long 2 weeks
Immediate Inflammation of the Bowels	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C R Wrenson Address Elkridge Md
Accident or Suicide?	



Charles Fields

Town

County

MARYLAND

Died at

Annapolis Anne Arundel

Date 19

02 Aug 29

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Laborer

 Male Female White Colored Married Single Widow Widower Divorced

Number of children living

1

Husband of _____

Wife

Father's Name

Fields

Mother's Maiden Name

Matilda Washington

Cause of

Primary

Trauma

How long sick

36 hrs

Death

Immediate

Cerebral haemorrhage

Accident, ~~Suicide~~, Homicide

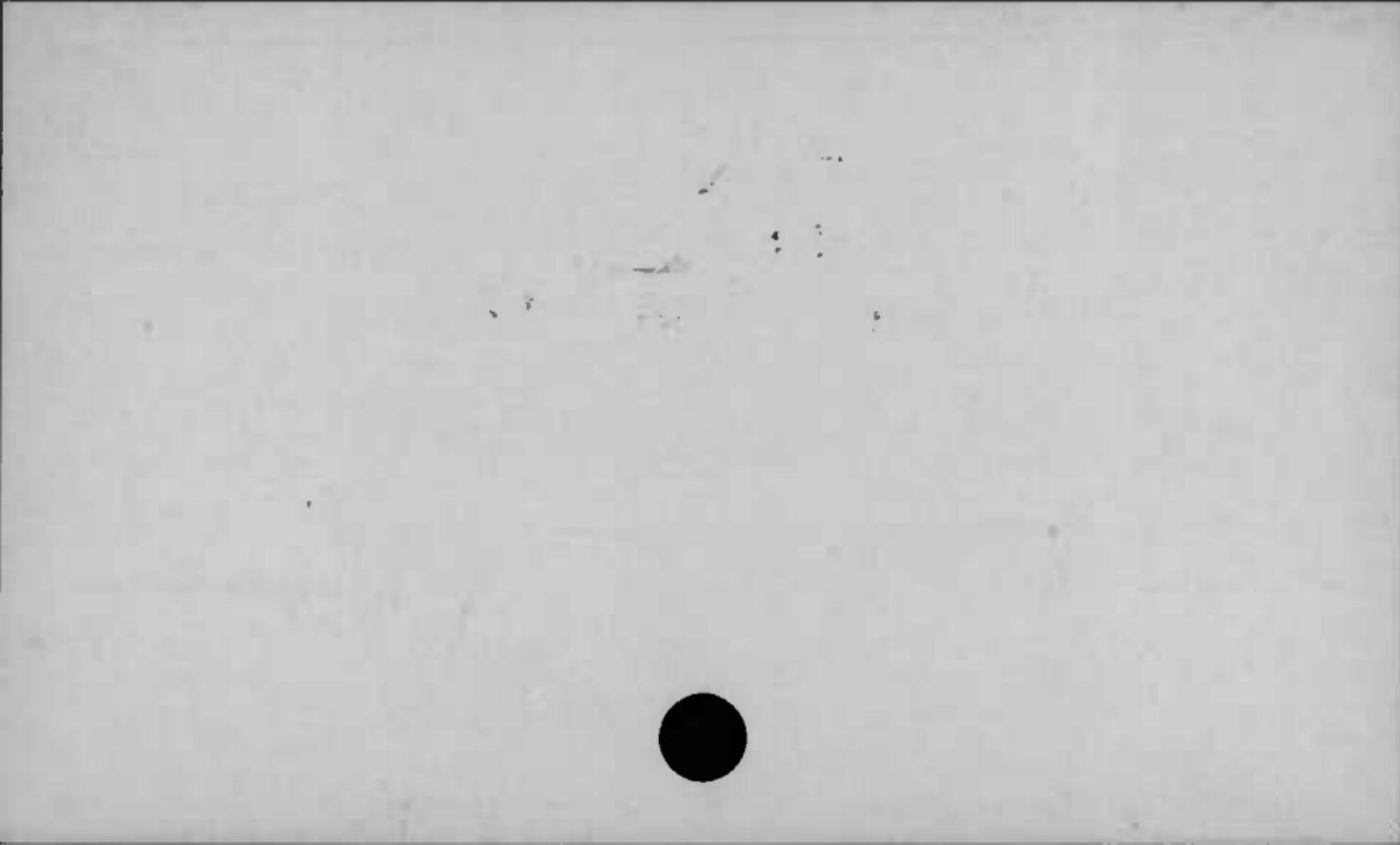
Reported by

Erwell S. Hepburn M.D.

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name
in
Full

Lucy Harris

CERTIFICATE OF DEATH

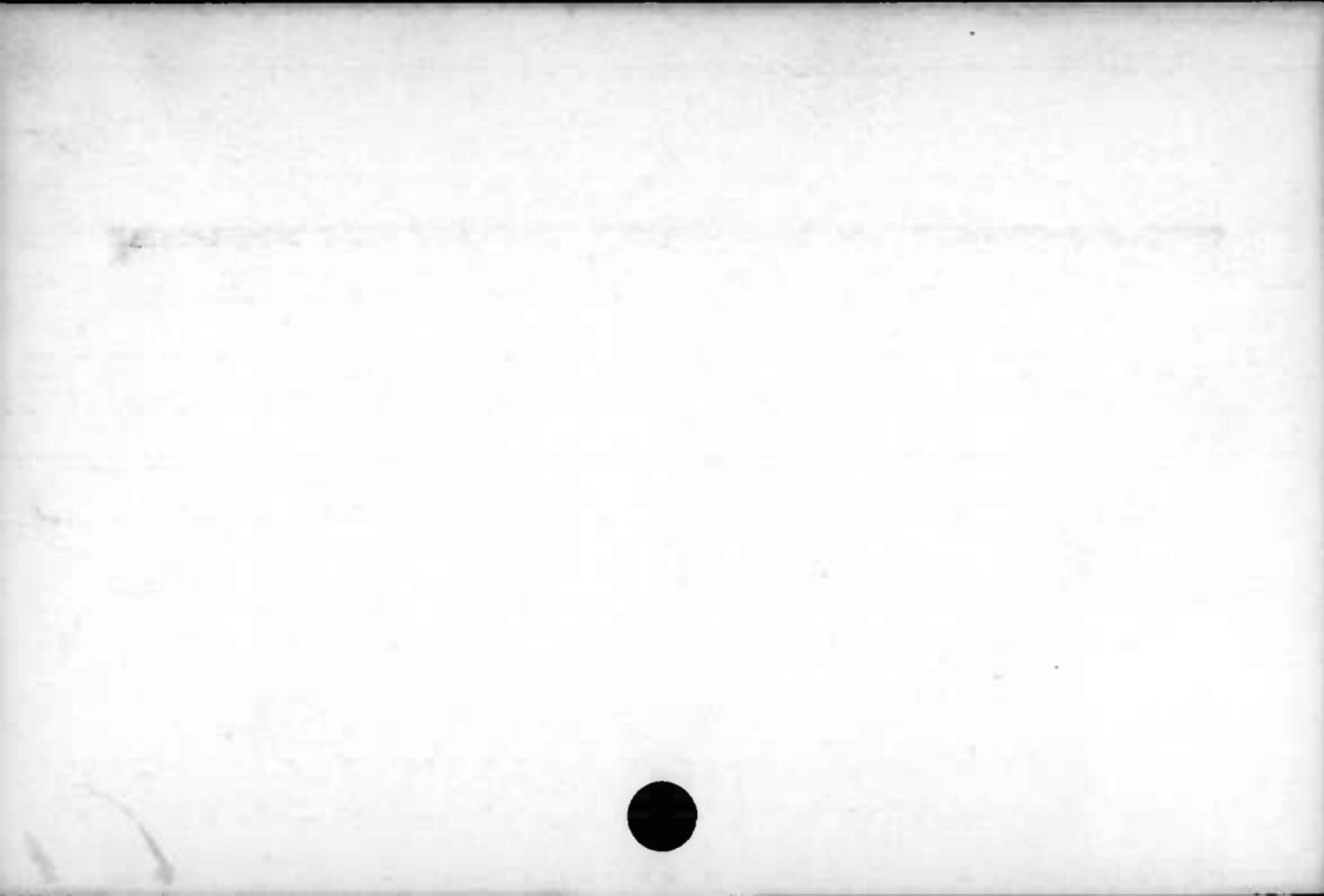
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	10 18
Married, Single or Widowed	Occupation	Birth-place	
Name of Wife or Husband	School girl	Rochdale Md	
Father's Name	John Harris	Father's Birthplace	Rochdale Md
Mother's Maiden Name	Sunpy Hall	Mother's Birthplace	Rochdale Md
Name of person giving information	Jennie Harris	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Perforation	How long	3 weeks
Immediate		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. W. H. Harris MD
		Address	West River Md
Accident or Suicide?	Neither		



Annie H. Hilliard

Town

County

Died at

Homes near Lake shore Anne Arundel MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

MaleWhiteAge 39
Married

Widow

Divorced

FemaleColoredSingle

Widower

Number of children living

1

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Albert A. Hilliard

Mother's

Walter Miller

Maiden Name

Primary

Immediate

Congestion of Brain

How long sick

24 hours

Accident, Suicide, Homicide

Geo. H. Brand

Atmiger

Anne Arundel Co
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

7

7

7



Name
in
Full

Herbert Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation	Birth-place			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Joseph Hughes 105			Father's Birthplace	Wrethams Md	
Mother's Maiden Name	Catherine Green			Mother's Birthplace	Wrethams Md	
Name of person giving information	Joseph Hughes			How related to deceased	Father -	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Improper Food & Choleratiphantus - 2 months

Immediate dysentery -

Are the name, age, sex, color, date and place correctly given above?

yes

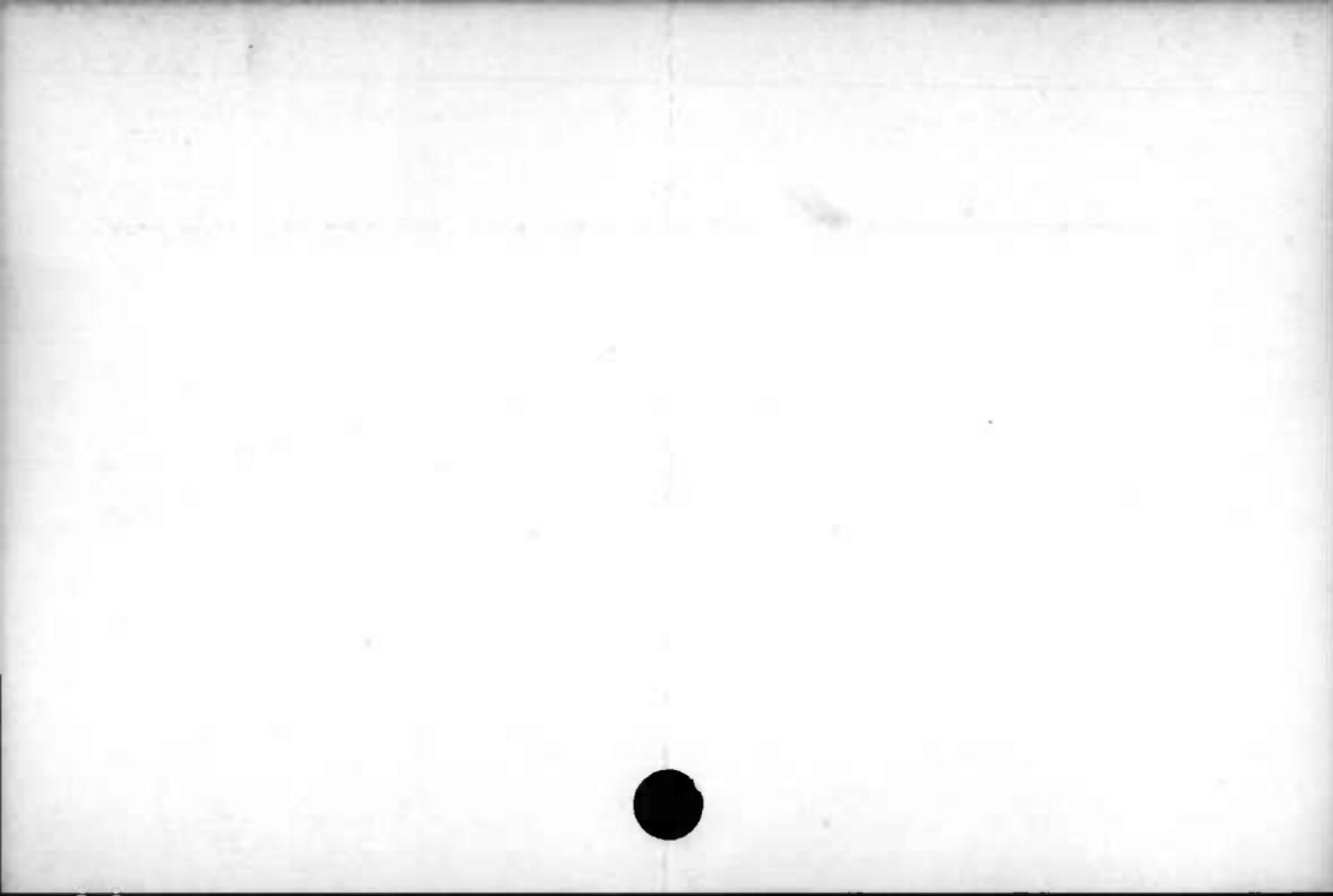
Signature of Physician

G. A. Henderson

Address

Md -

Accident or Suicide?



Louis Isaacs.

Died at	Town Millersville	County Anne Arundel	MARYLAND
Date 19	Month 8	Day 8	Y. M. D.
	Age	11	Native of
Male	White	Married	Occupation
Female	Colored	Single	X
Husband of		Widow	Divorced
Wife		Widower	Number of children living

Father's Name Walter Isaacs Mother's Name Ida Green
 Maiden Name 105

Cause of Death Primary Cholera Infantum How long sick 1 Month

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr H.B. Gantper & W Dr Bois

Address Millersville MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clarance Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Masonsville	a'a			
Date of death 1902	Month 8	Day 28	Age	Years	Months
Sex Male	Color or Race	white	Occupation	Birth-place	Days
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Jas. Jenkins	Father's Birthplace	Md		
Mother's Maiden Name	Fanny Jordan	Mother's Birthplace	Md		
Name of person giving Information	Jas. Jenkins	How related to deceased	Father		
CAUSES OF DEATH					
Primary	Measles	105	How long	5 weeks	
Immediate	Sila Cooley	105	How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Chas. W. Brooks	Address
Accident or Suicide?	



Maria Johnson

Died at Annapolis Neck, MD, MARYLAND

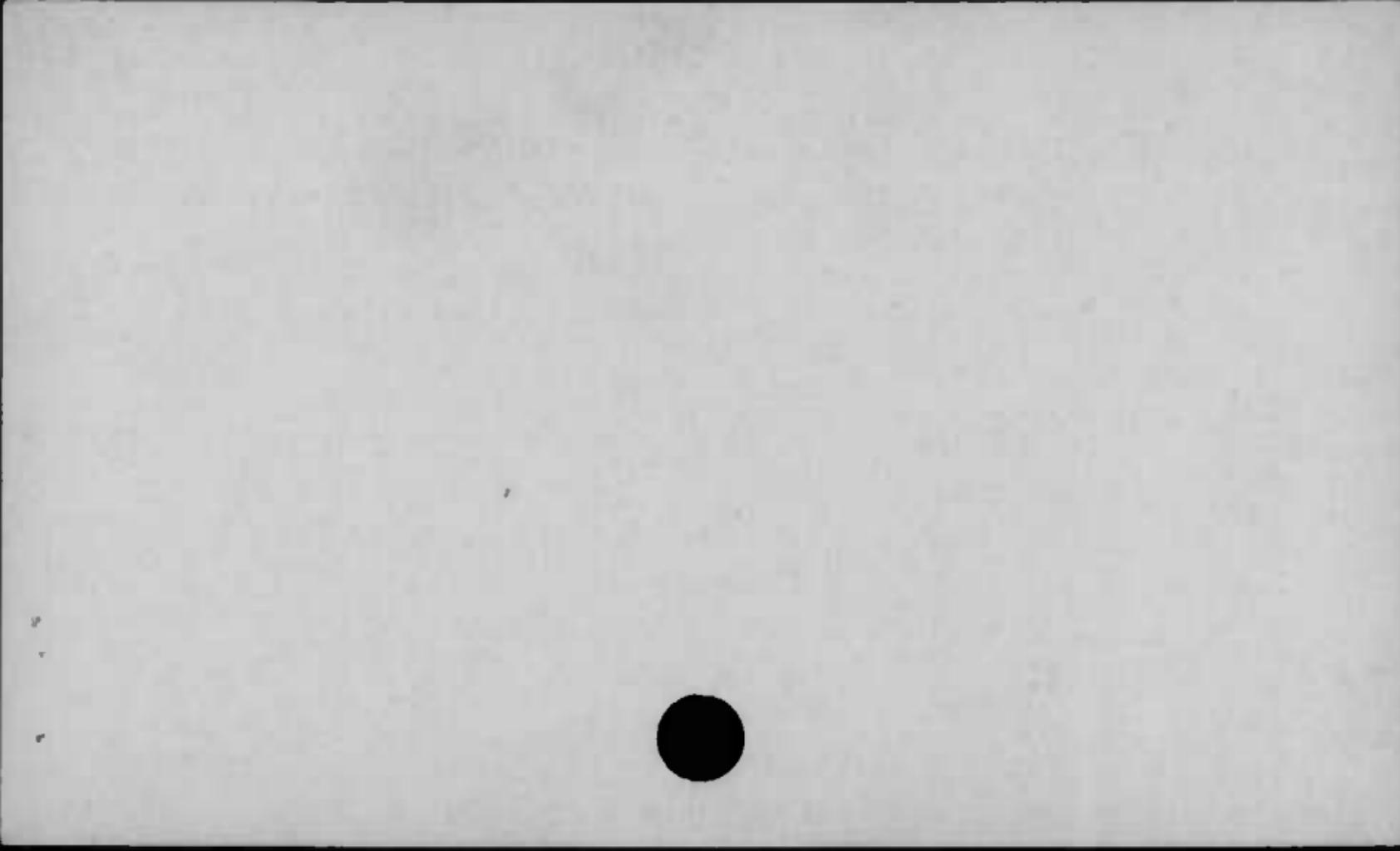
Town	Month	Day	Y.	M.	D.	Native of	Occupation
Annapolis Neck	August	27	68	yr		MD	House-wife
Date 1902			Age				
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of	Samuel Johnson		30
Wife			
Father's Name	Unknown	Mother's Maiden Name	Unknown

Cause of Death	Primary: General Tuberculosis Immediate: Exhaustring	How long sick
		Seven months
		Accident, Suicide, Homicide

Reported by	John Ridout, MD
Address	Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Pearl Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month August	Day 1 st	Years	Months	Days
Sex Female	Color or Race Colored	Occupation			
Married, Single or Widowed					
Name of Wife or Husband	105				
Father's Name	Isaiah Jones	Father's Birthplace	Anne Arundel County		
Mother's Maiden Name	Sophie Evans	Mother's Birthplace	Annapolis		
Name of person giving Information	Sophie Evans	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis Colitis	How long	Two weeks
Immediate	Inanition + Asthenia	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. N. Campbell
		Address	Annapolis Md -
Yes			
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH					
To BE ANSWERED BY NEAREST FRIEND		MARYLAND			
Died at	East Brooklyn		County		
Date of death 190	Month 2 Aug	Day 10	Years -	Months " "	Days -
Sex Female	Color or Race White	Occupation -	Birth-place East Brooklyn, N.Y.		
Married, Single or Widowed -					
Name of Wife or Husband Joseph Ingles	Father's Name Bruno				
Mother's Maiden Name Katarina Pruthko	Mother's Birthplace "				
Name of person giving information Joseph Ingles	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enter Colitis

105

How long

Sav child
one time

Immediate

Are the name, age, sex, color, date and place correctly given above?

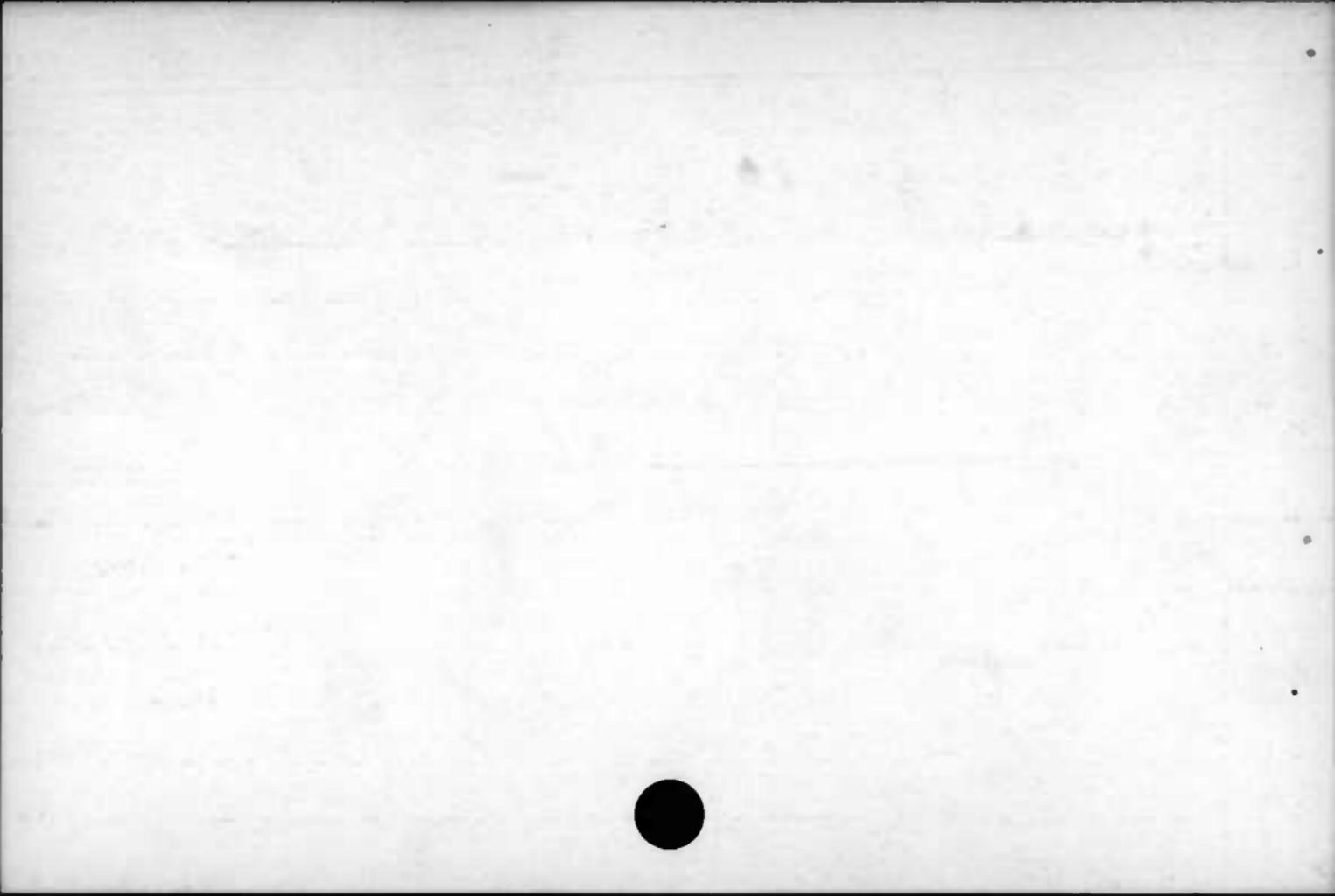
yes

Signature of Physician

Address

J. B. Norton M.D.

Accident or Suicide?



Name
in
Full

Virginia King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1902	Month Aug	Day 21	Age 57	Years	Months 11	Days 18
Sex female	Color or Race white	Occupation nothing		Birth-place Maryland USA		
Married Single or Widowed single						
Name of Wife or Husband						
Father's Name	Virginia King			Father's Birthplace	Calvert Co Md	
Mother's Maiden Name	Virginia Price			Mother's Birthplace	Calvert Co Md	
Name of person giving Information	Thos. King			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Perforation

How long

about 2 wks

Immediate

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

George W. Ratiner

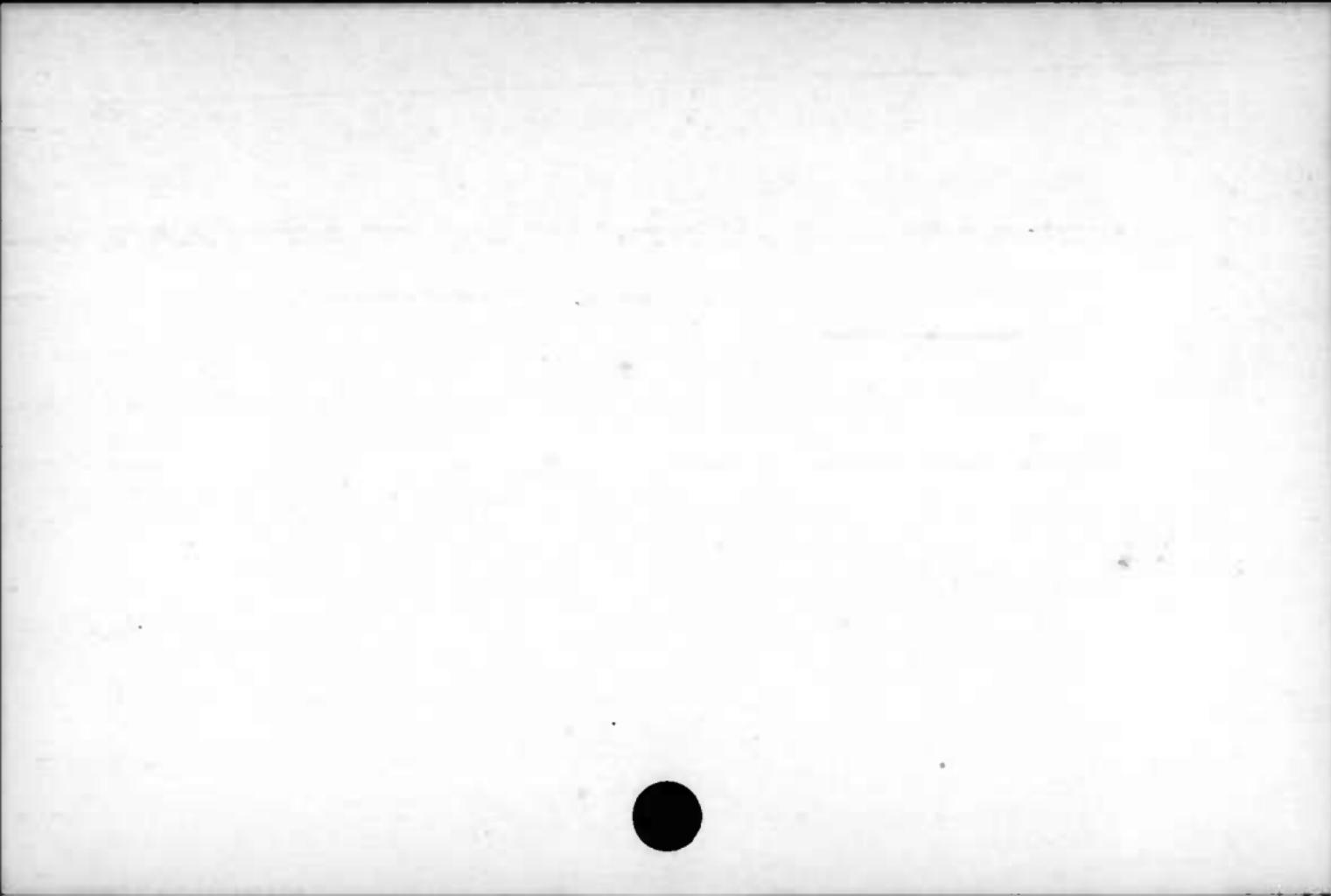
Address

West River

Md

Accident or Suicide?

Neither



Henry Thornton Leitch

Died at Lothian Town

County

Anne Arundel

MARYLAND

Date 1902. Month Day

Y. M. D.

Native of

Occupation

Aug. 1

0 3 - 23

Md

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Charles Leitch

Mother's Maiden Name

Vidie Childs

Cause of Death

Primary

Dravinitis.

How long sick

all life

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

A.N. Perrie M.D.

Address

McKendree, [REDACTED] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

No name - Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Aug	Day 26	Age	Years	Months Days
Sex Female	Color or Race	White	Occupation	Birth-place	Curtis Bay, Md.
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Dominick Losniski				
Mother's Maiden Name	Mary Migrisid				
Name of person giving Information	Mary Losniski				
Father's Birthplace	Russia				
Mother's Birthplace	Russia				
How related to deceased	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

d

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

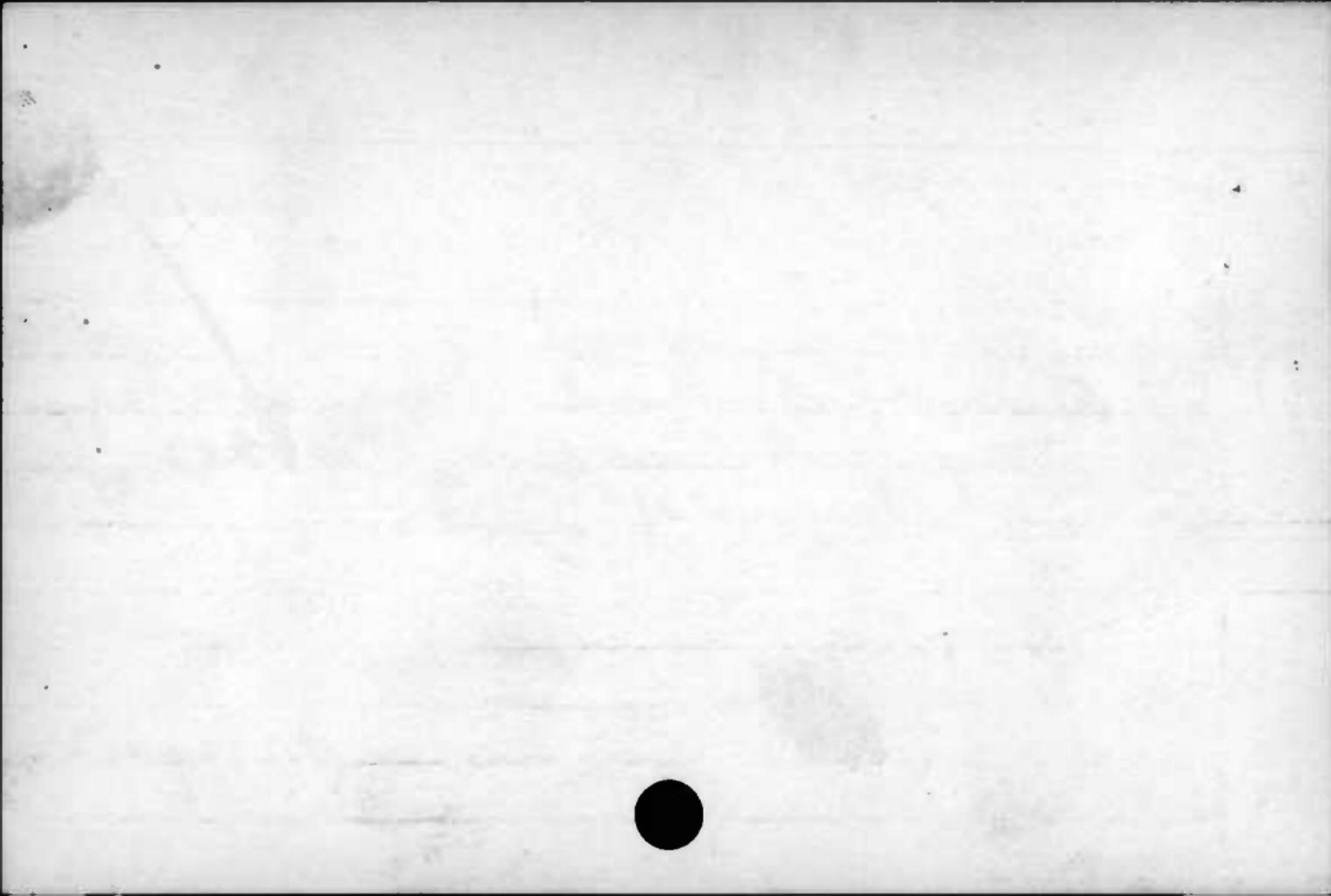
Address

Dr. B. H. Horton MD
Curtis Bay, Md.

Attended by

Midwife

Accident or Suicide?



Name
in
Full

Bernard Lynch

CERTIFICATE OF DEATH

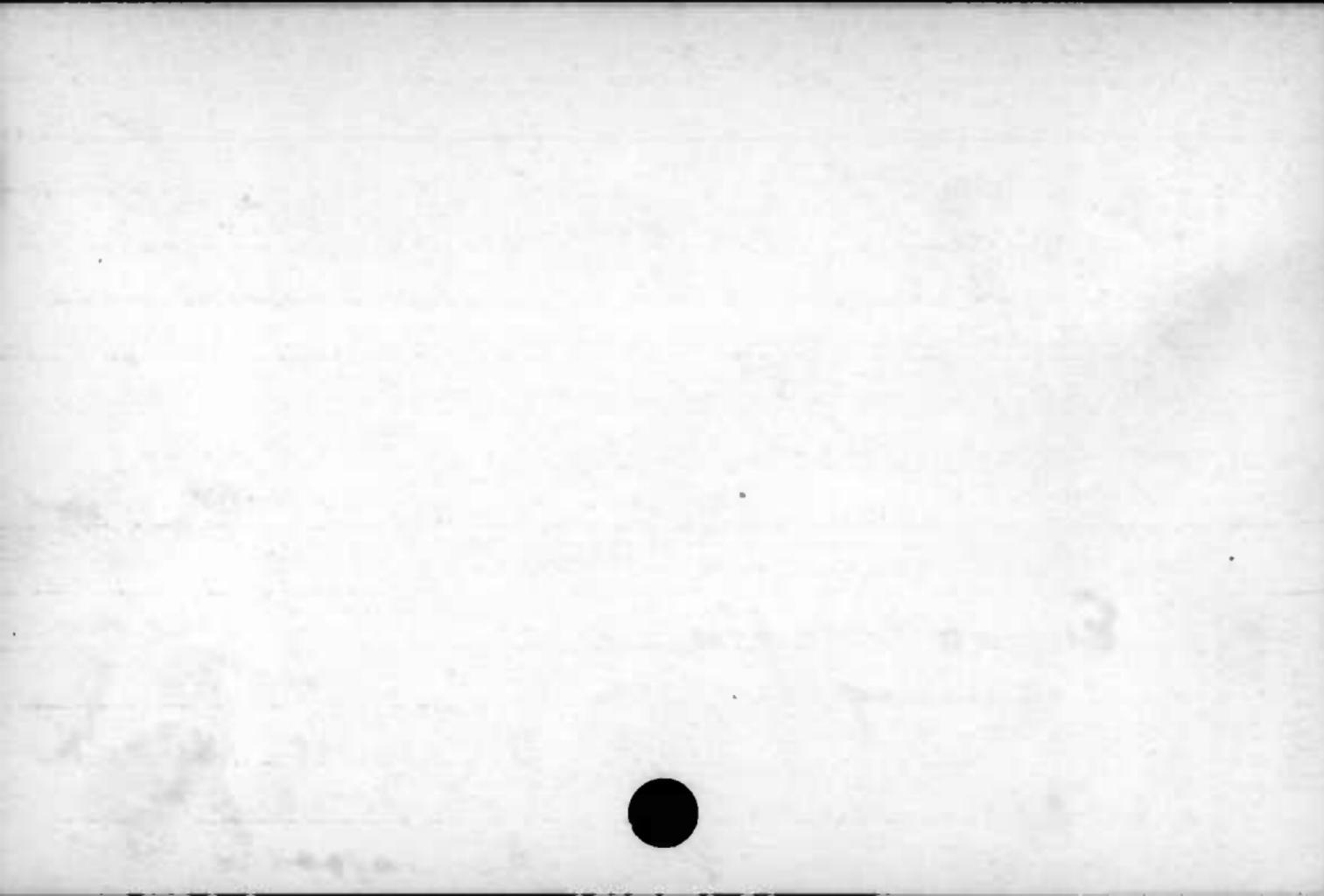
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month January	Day 13	Age 15	Years	Months
Sex Boys	Color or Race White	Occupation Gardener	Day		
Married, Single or Widowed					
Name of Wife or Husband Bernard Lynch					
Father's Name Bernard Lynch	Father's Birthplace Boston Mass				
Mother's Maiden Name Augusta Craiger	Mother's Birthplace Pais Jan				
Name of person giving Information Bernard Lynch	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enterocolitis	105	How long 3 weeks
Immediate meningitis		How long 48 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address	
I suppose they are	W. Clement Glazebrook 581 John St Baltimore Md	
Accident or Suicide?		



Name
in
Full

Roland Mc Gowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

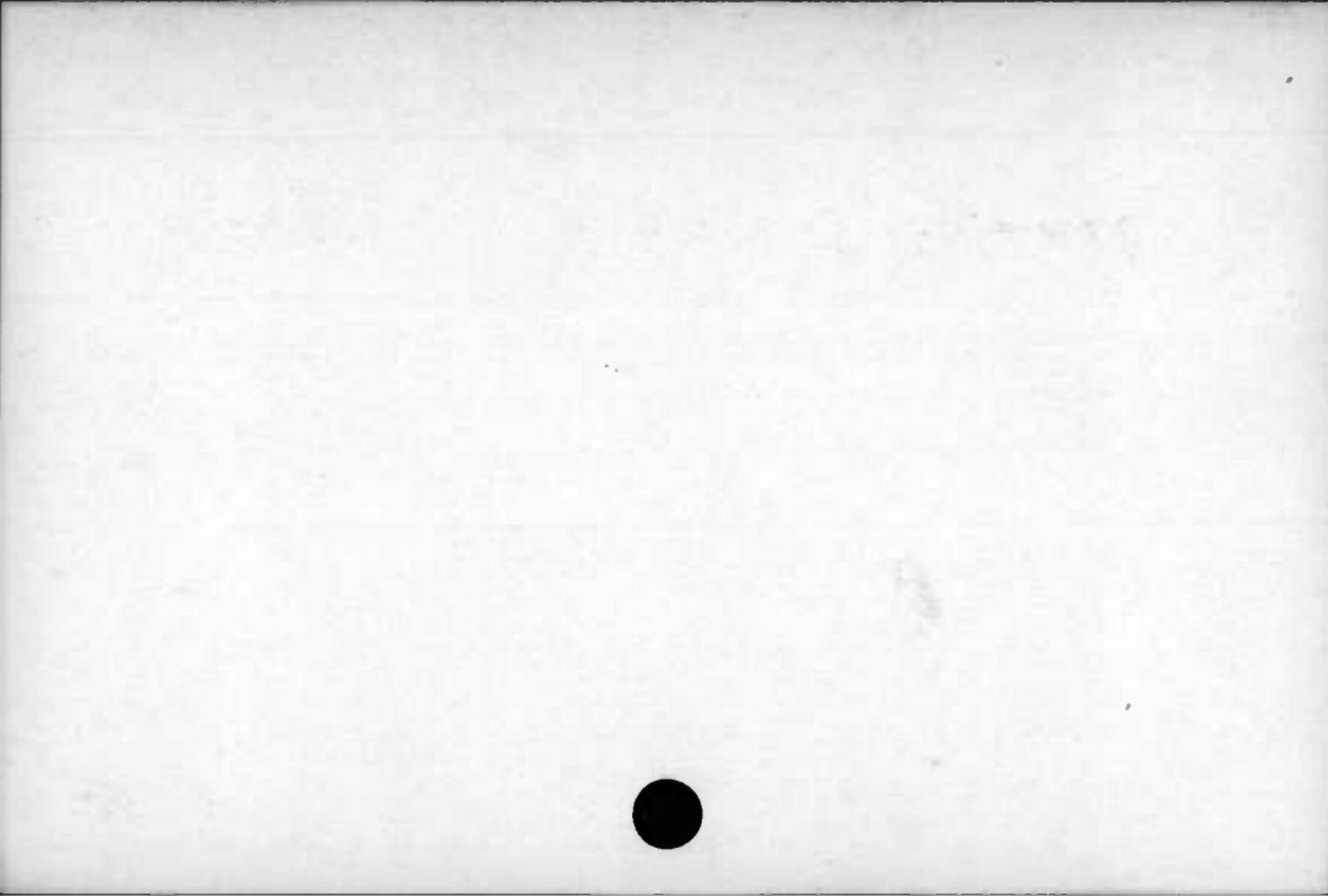
Town	Annapolis		County	Anne Arundel	
Died at	Date of death 1902	Month August	Day 7 th	Years	Months 5
Sex Male	Color or Race	Colored		Birth-place	Annapolis
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Nelson Mc Gowan				
Mother's Maiden Name	Mary Johnson				
Name of person giving information	Mary Mc Gowan				

Father's Birthplace Annapolis
Mother's Birthplace Annapolis
How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inberentosis	How long	Month
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. Physician
Yes		Address	Investigated by Health Officer
Accident or Suicide?			



Name
in
Full

Sarah Eliza Mountz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Annnapolis	Co. Anne Arundel	MARYLAND		
Date of death 190	2 aug	Day 17th	Years Age 76	Months 6	Days 14
Sex female	Color of Race	white	Birth-place A. Leo.		
Married Single or Widowed	Widow	Occupation			
Name of Wife or Husband	Alexander Mountz				
Father's Name	Robert B. Moss.		Father's Birthplace	A. Leo.	
Mother's Maiden Name	Ruth E. Meedon		Mother's Birthplace	A. Leo.	
Name of person giving Information	Arthur Blarter		How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

nearly 2 years

Immediate

Cere britis

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

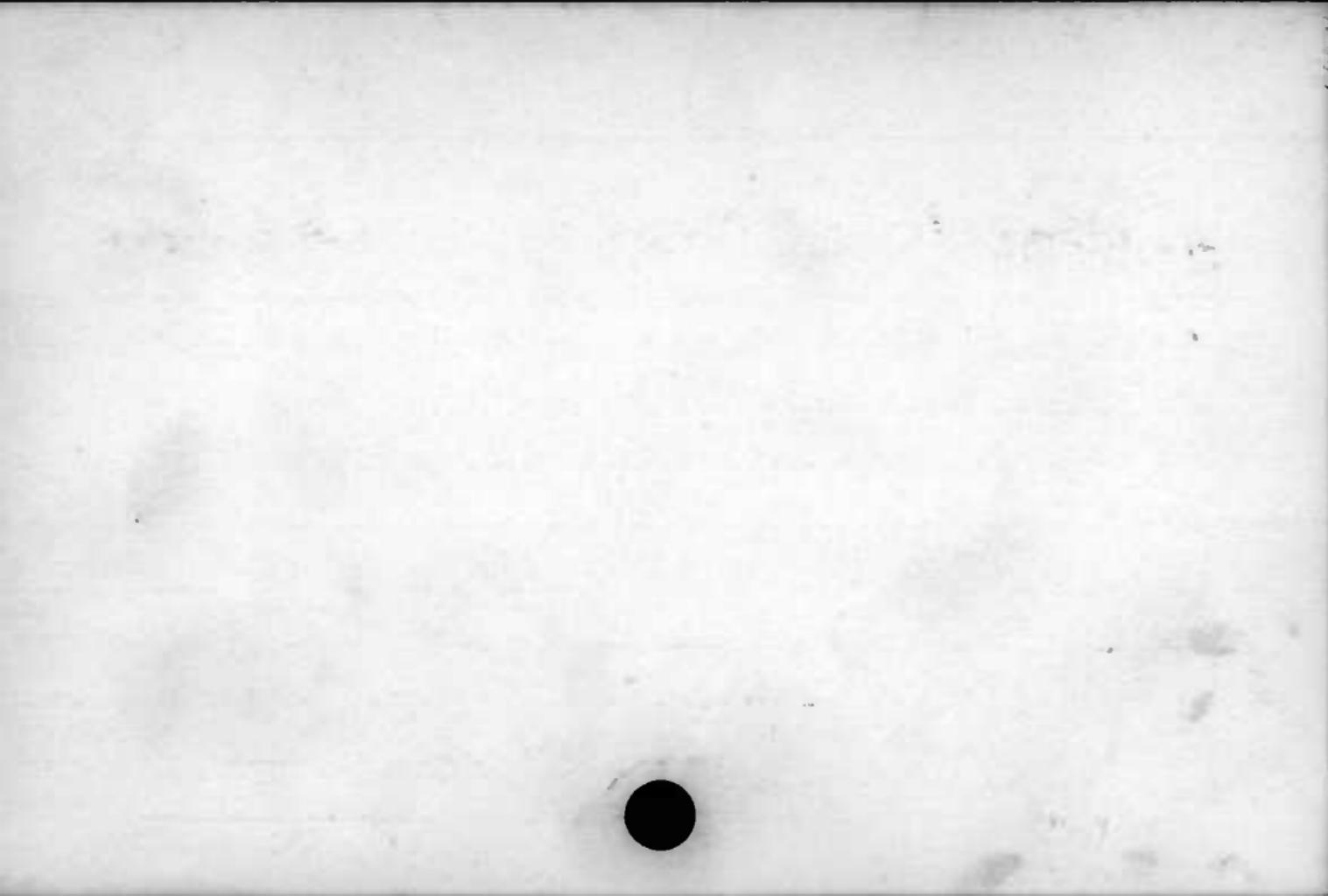
Yes

Signature of
Physician

Address

R. Walton MD
Annapolis
Md

Accident or Suicide?



Name
in
Full

J B Ogden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
2 Aug	20	19	-	-	24
Sex	Male	Color or Race	white	Birth-place	Annapolis
Married, Single or Widowed	Occupation			-	
Name of Wife or Husband	-			-	
Father's Name	J B Ogden			Father's Birthplace	Calvert Co
Mother's Maiden Name	Julia B Collison			Mother's Birthplace	A. A Co
Name of person giving Information	J B Ogden			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphthous Stomatitis 105

How long

2 weeks

Immediate

Gastro-Enteritis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

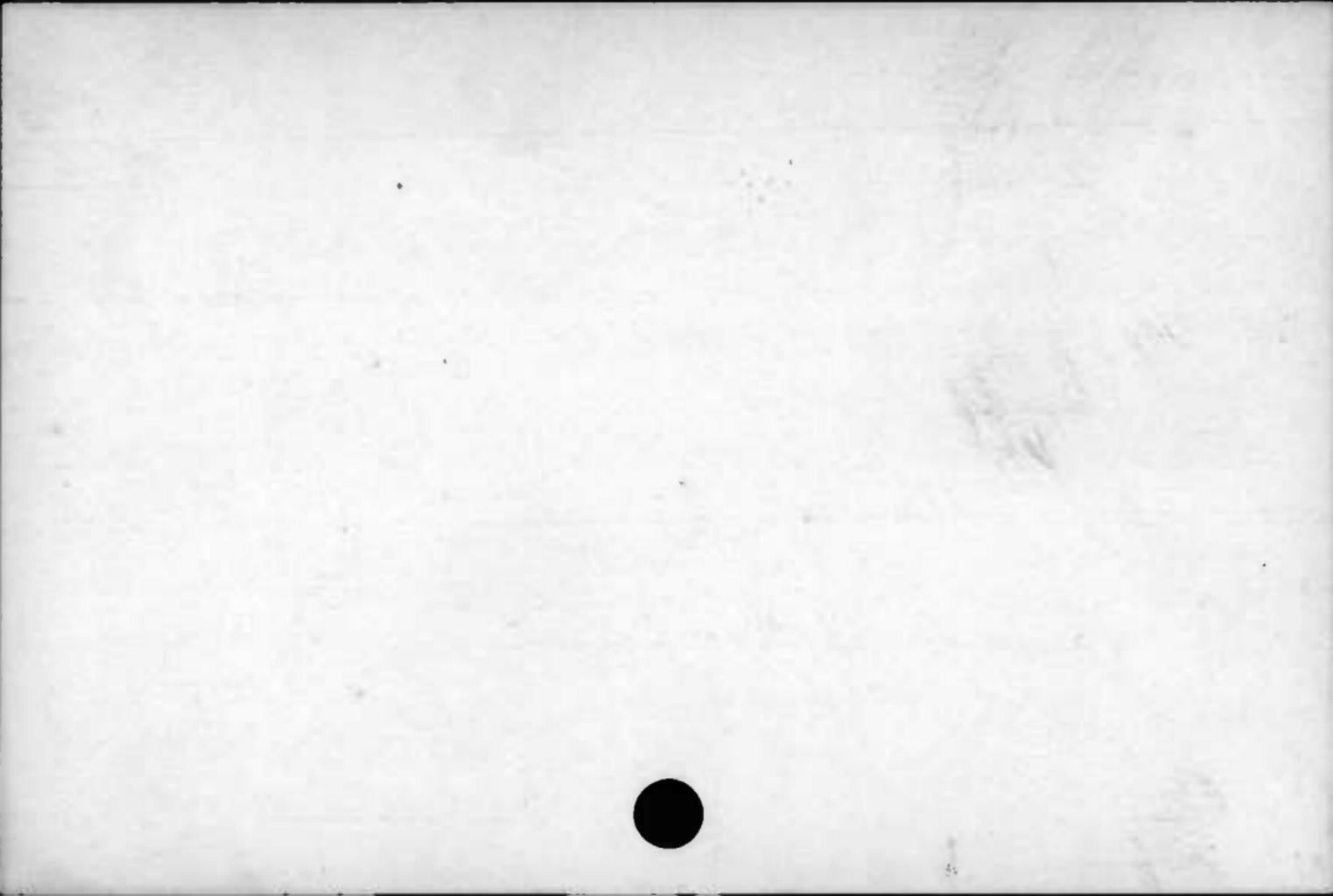
Signature of Physician

Wm S. Welch

Address

Annapolis

Accident or Suicide?



Name
in
Full

Mary Virginia Owns
Leah

CERTIFICATE OF DEATH

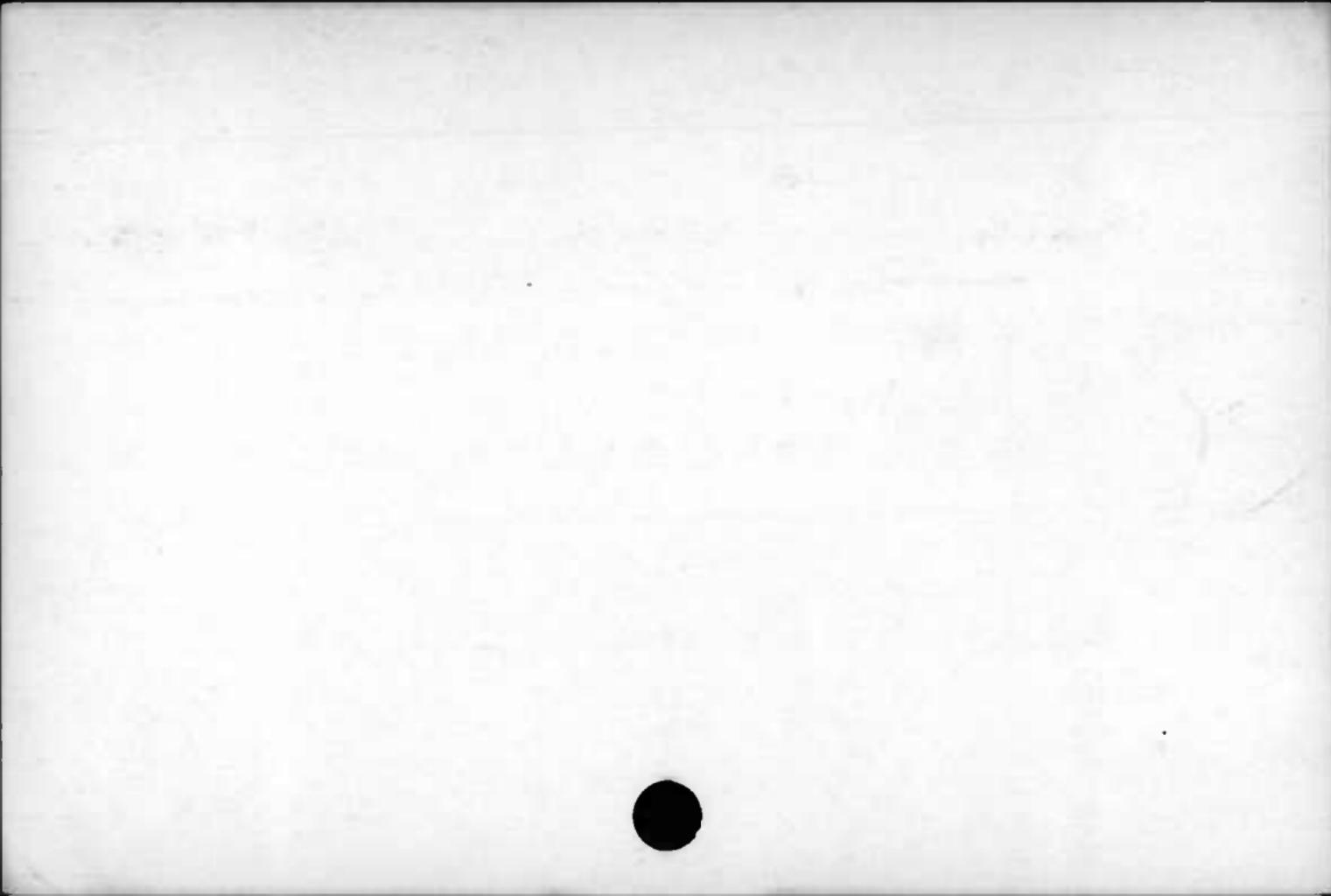
To BE ANSWERED BY
NEAREST FRIEND

Died at	Place	County	MARYLAND		
Date of death 190	Month 2 Aug.	Day 10.	Years Age 74	Months Birth- place Md.	Days
Sex Female	Color or Race Black	Occupation Housewife			
Married, Single or Widowed married					
Name of Wife or Husband William Owns					
Father's Name Peter Young	Father's Birthplace				
Mother's Maiden Name Rosetta Stevens	Mother's Birthplace				
Name of person giving Information William Owns	How related to deceased Husband.				

CAUSES OF DEATH

Primary General debility - 154	How long Several months
Immediate Arthaeum	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. V. Berrie M.D. Address McFadden, Md.
As I am told?	

PHYSICIAN
OR CORONER



Name
in
Full

Clareece Paddy
W River

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Aug	Day 5	Years	Months	Days
Sex male	Color or Race white	Age	3		
Married, Single or Widowed	Occupation	W River Md			
Name of Wife or Husband					
Father's Name Joseph Paddy	Father's Birthplace Calvert Md				
Mother's Maiden Name Anna Bailey	Mother's Birthplace Calvert Md				
Name of person giving Information Mrs Smith Ward	How related to deceased Friend				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long 12 hours
Immediate Unknown	How long Unknown
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. Latimer
	Address W River
Accident or Suicide? Neither	



Norgeria Parrott.

Town

County

MARYLAND

Died at South River Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug 20

Age

0 11 22

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

105

Father's

Name

John Parrott

Mother's

Maiden Name

Blanche Howard

Cause of

Primary

Teething

How long sick

3 weeks

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

John Collinson

Address

South River

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Otto Peffler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooklyn</u>		County <u>A A</u>		MARYLAND	
Date of death 190 2	Month <u>Aug</u>	Day <u>8</u>	Age <u>17</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Laborer</u>		Birth- place <u>Baltimore Md</u>	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <u>Louis Peffler</u>			Father's Birthplace <u>Gumby</u>		
Mother's Maiden Name <u>Alice Peffler nee Hofflin</u>			Mother's Birthplace <u>Me</u>		
Name of person giving Information <u>Geo H Arnold</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowning

✓ ✓

How long

Immediate

Strangulation

✓ ✓

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr G Hawkins con

Address

Brooklyn Md

Accident or Suicide



Name
in
Full

Maryann

Phipps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Churchton

Town

Phipps
A. A.

County

Date of death 1902 Month Aug Day 17 Years — Months — Days 3

Sex Female

Color or Race

White

Birth-place

Churchton, Md

Married, Single or Widowed

Single

Occupation

None

Name of Wife or Husband

—

Father's Name

John Louis Phipps

Father's Birthplace

Churchton Md

Mother's Maiden Name

Emma Virginia Phipps

Mother's Birthplace

Churchton Md

Name of person giving information

John Louis Phipps

How related to deceased

Father

CAUSES OF DEATH

Primary

Suffocation of brain S^t
Convulsions

How long

3 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

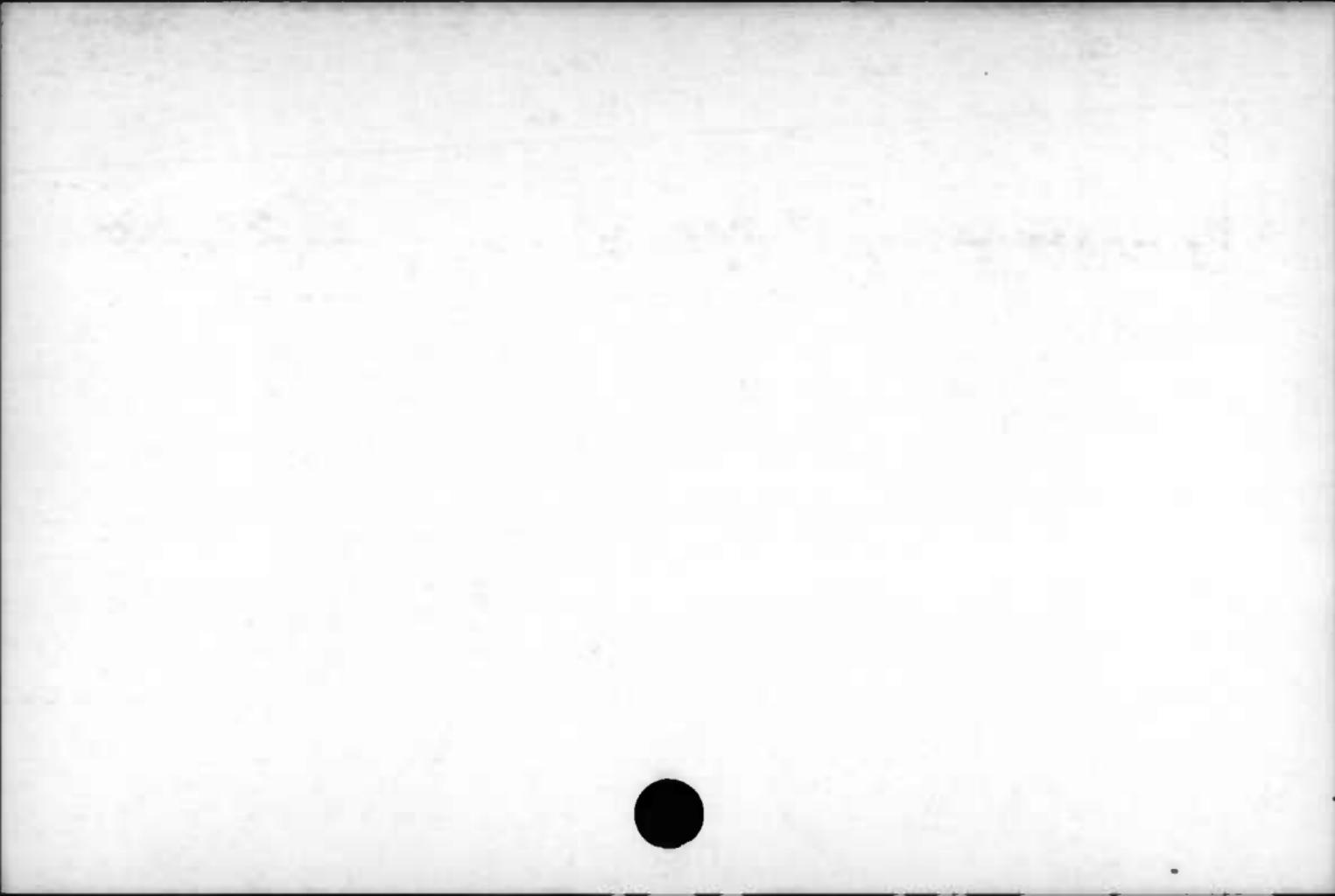
Signature of Physician

Address

Geo. T. Druth, M.D.

Churchton
Md

Accident or Suicide?



Name
in
Full

Mary Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death 1902	Month	Day	Age	Years	Months	Days
Sex Female	Color or Race	Colored		Birth-place Ad. County		
Married, Single or Widowed	Single		Occupation	House-work		
Name of Wife or Husband						
Father's Name	Edward Price		Father's Birthplace	Ad. County		
Mother's Maiden Name	Malinda Murray		Mother's Birthplace	Ad. County		
Name of person giving Information	Malinda Murray		How related to deceased	Mother		

CAUSES OF DEATH

Primary	Syphilis	How long	Month
Immediate	Exhaustion	How long	30
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	John Ridout, MD	
Yes	Address	Annapolis, Md -	
Accident or Suicide?	✓		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jac Ruthell Sr

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month 8	Day 5	Age 73	Years	Months Days
Sex Male	Color or Race white	Occupation Lal	Birth-place Md		
Married, Single or Widowed Married	Name of Wife or Husband - Mary Elizabeth Ruthell			Father's Name	Father's Birthplace -
Mother's Maiden Name -				Mother's Name	Mother's Birthplace -
Name of person giving information Jac Ruthell Jr				How related to deceased Son	

CAUSES OF DEATH

Primary

Bright's Disease

How long

120, 1 yr

Immediate

Are the name, age, sex, color, date and place correctly given above?

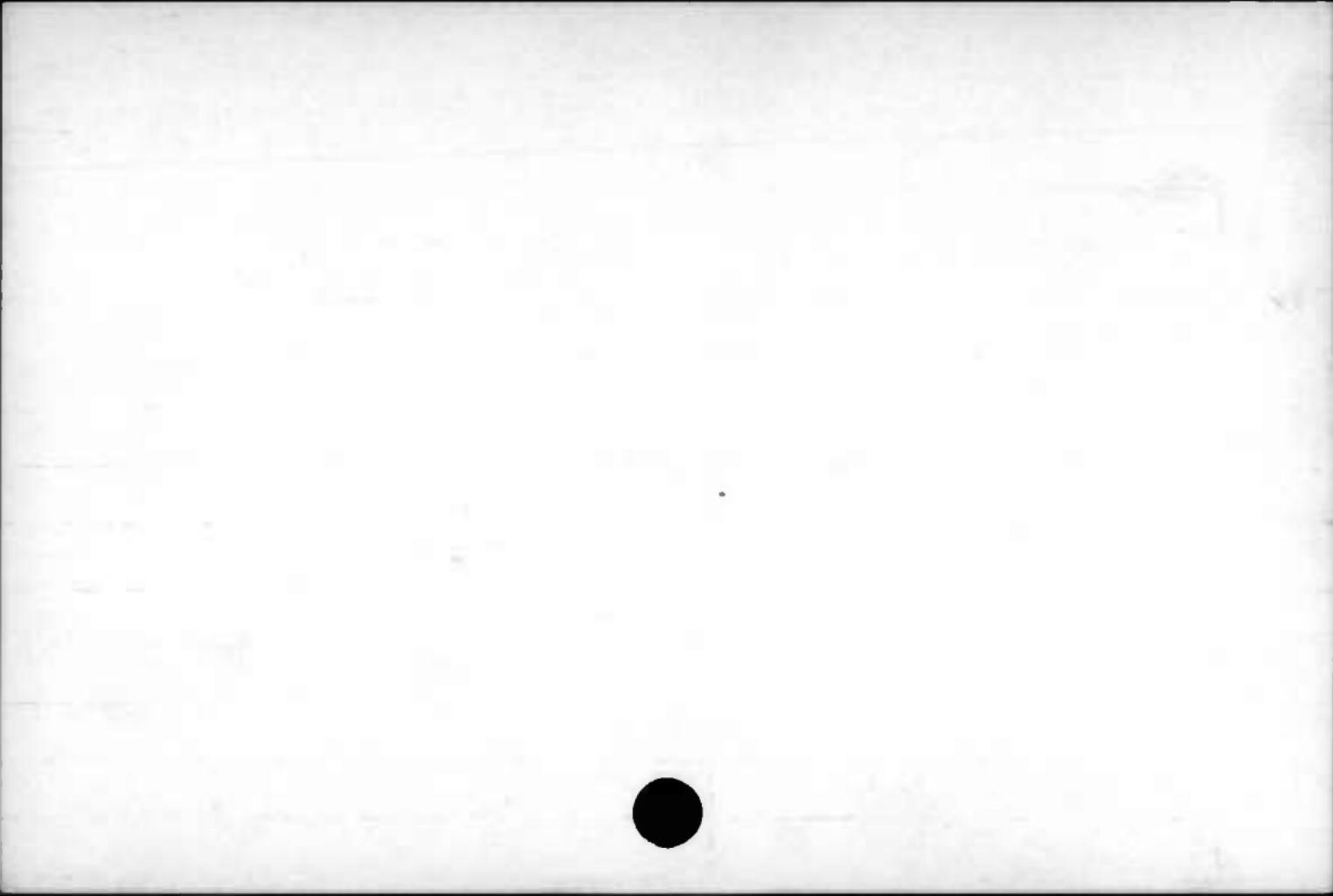
Signature of Physician

Yes

Address

Charles Brooke

Accident or Suicide?



Name
in
Full

Della Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

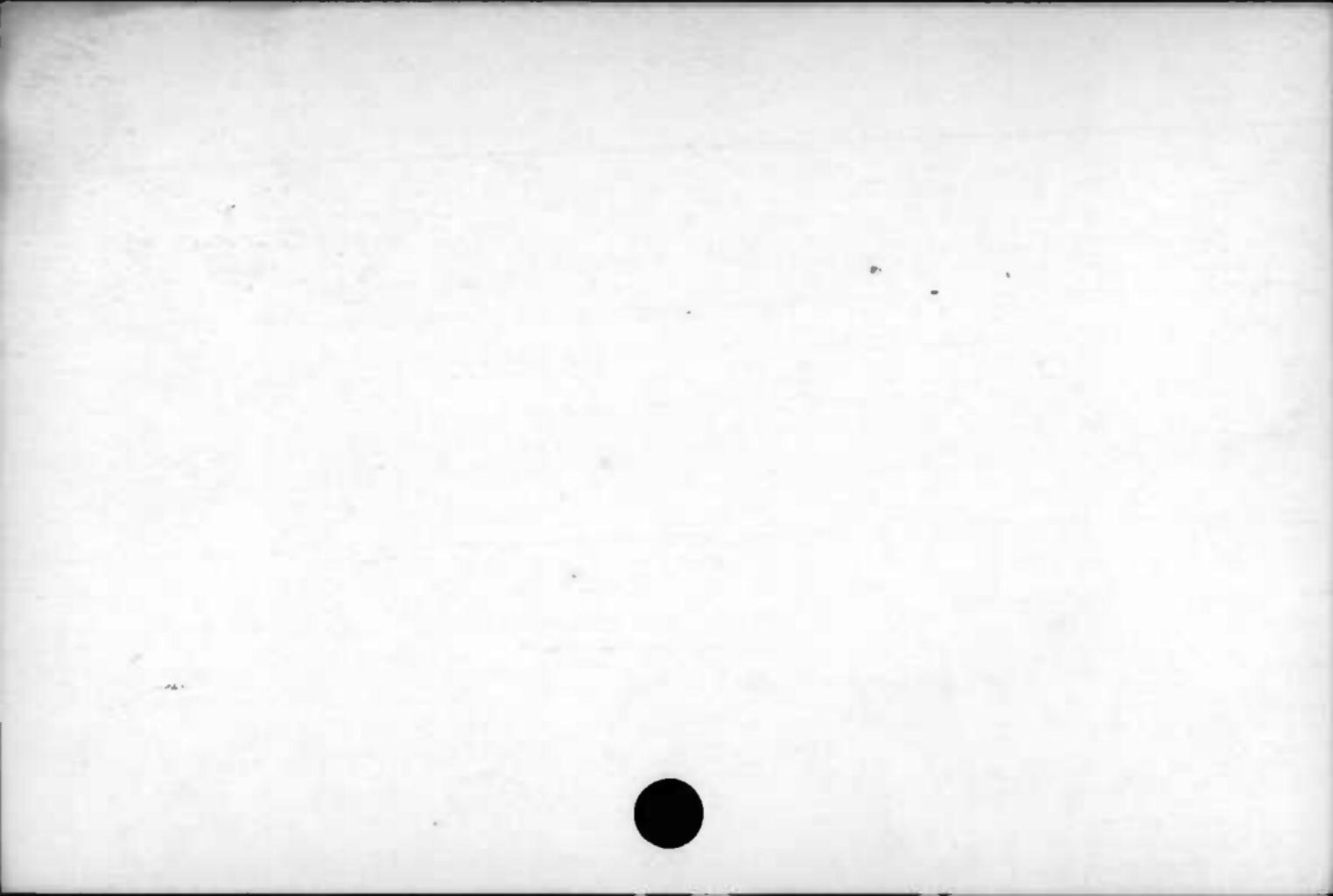
Died at		Town	County		MARYLAND	
Date of death 1902	Month August	Day 15 th	Years 8	Months 6	Days	
Sex Female		Color or Race colored	Occupation School-Girl			
Married, Single or Widowed						

Name of Wife or Husband	Father's Name	John Richardson	Father's Birthplace	Annapolis
Mother's Maiden Name	Bonnelia Richardson	Mother's Birthplace	Annapolis	
Name of person giving information	John Richardson	How related to deceased	Father	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout MD
		Address	Annapolis Md -
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Rachal Jane Robinson

CERTIFICATE OF DEATH

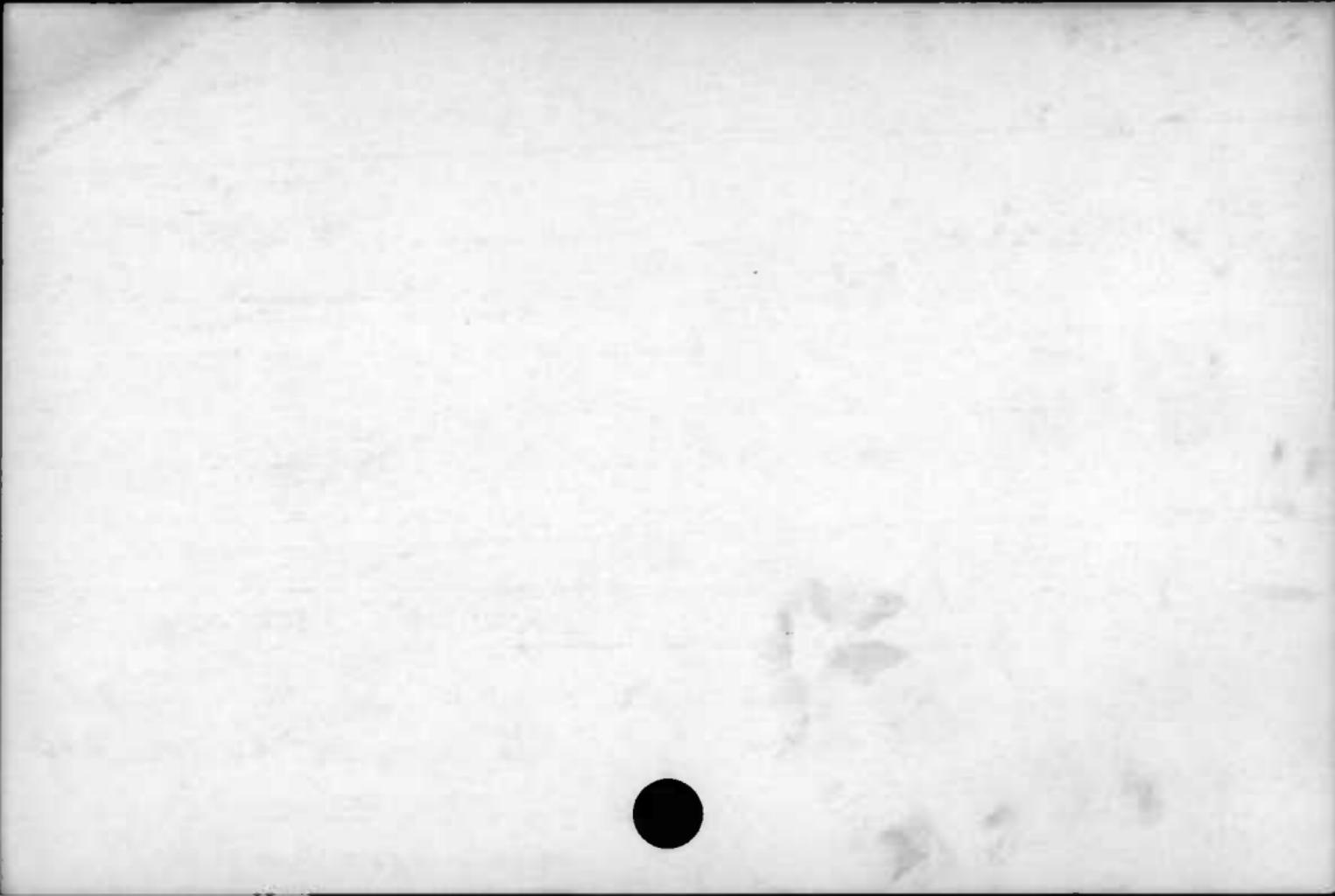
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Last Port.</u>		Town <u>Anne Arundel</u> County <u>Anne Arundel</u>		MARYLAND		
Date of death 1902	Month <u>Aug.</u>	Day <u>12.</u>	Age <u>58.</u>	Years <u>58.</u>	Months <u>9</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Annapolis</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Charles Robinson</u>						
Father's Name <u>Charles Puckett</u>			Father's Birthplace <u>Maine</u>			
Mother's Maiden Name <u>Jane Watkins</u>			Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Jane W. Puckett</u>	How related to deceased <u>Sister-in Law</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	q3	How long <u>5 days</u>
Immediate <u>Pneumonia</u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>H. Cleaver Gauvin M.D.</u>	
	Address <u>5 St. John St., Annapolis, Md.</u>	
Ann Arbor Cardiac Database	LIBRARY BUREAU 488316	



Name
in
Full

Frances Rogers

CERTIFICATE OF DEATH

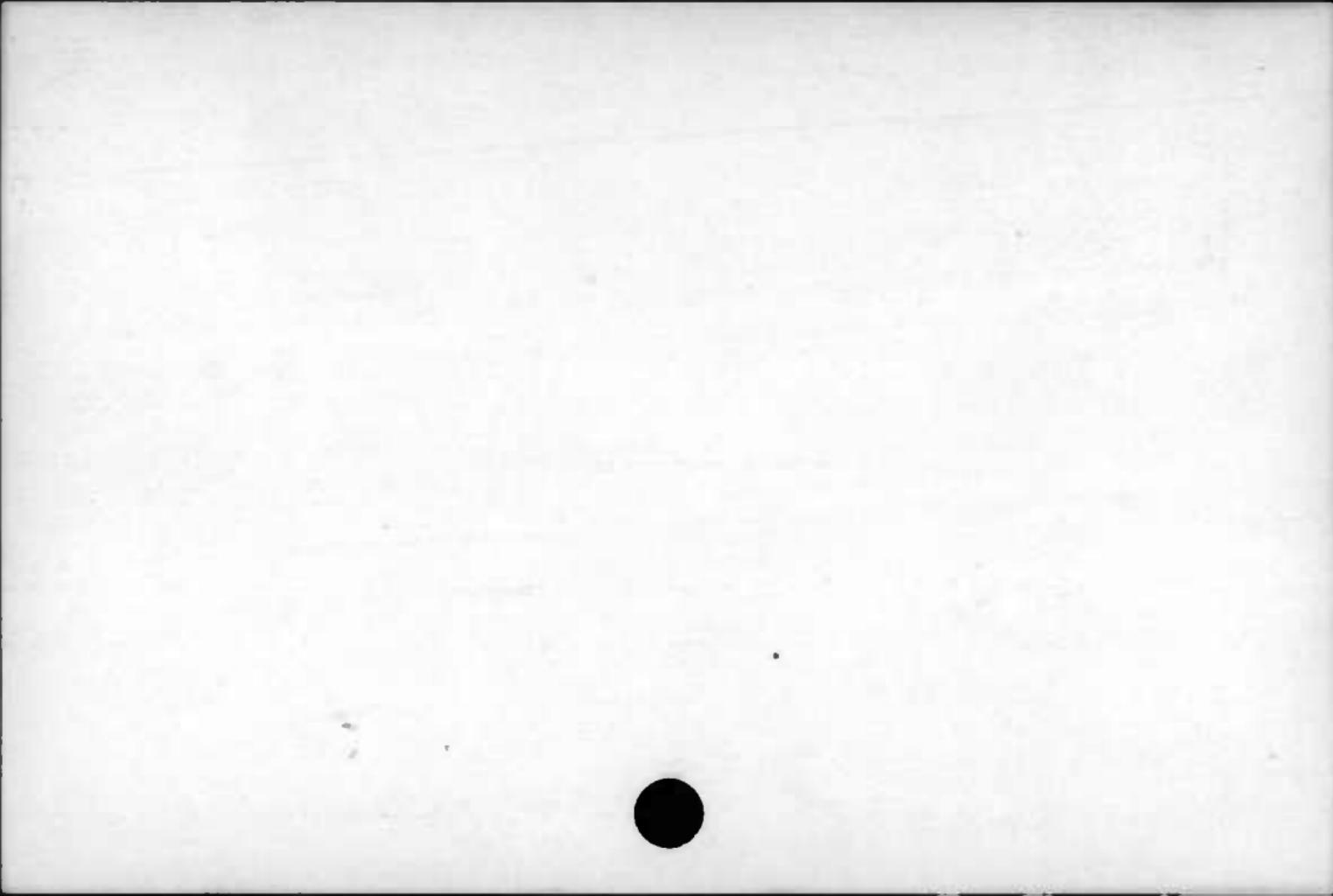
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	A. A.		County	MARYLAND		
Date of death 1902	Month Aug	19	Day	Years	Months	19	Days
Sex Female	Color or Race	White		Birth-place	Deale, Md		
Married, Single or Widowed	Occupation	Single		None			
Name of Wife or Husband							
Father's Name	H.C. Rogers				Father's Birthplace	Belleville Md.	
Mother's Maiden Name	Maggie Whittington				Mother's Birthplace	Belleville Md.	
Name of person giving Information	H.C. Rogers				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	105	How long	3 weeks
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. T. Drank Md	
		Address	Chincoteague	
Accident or Suicide?				



Name
in
Full

William Otby Savages.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

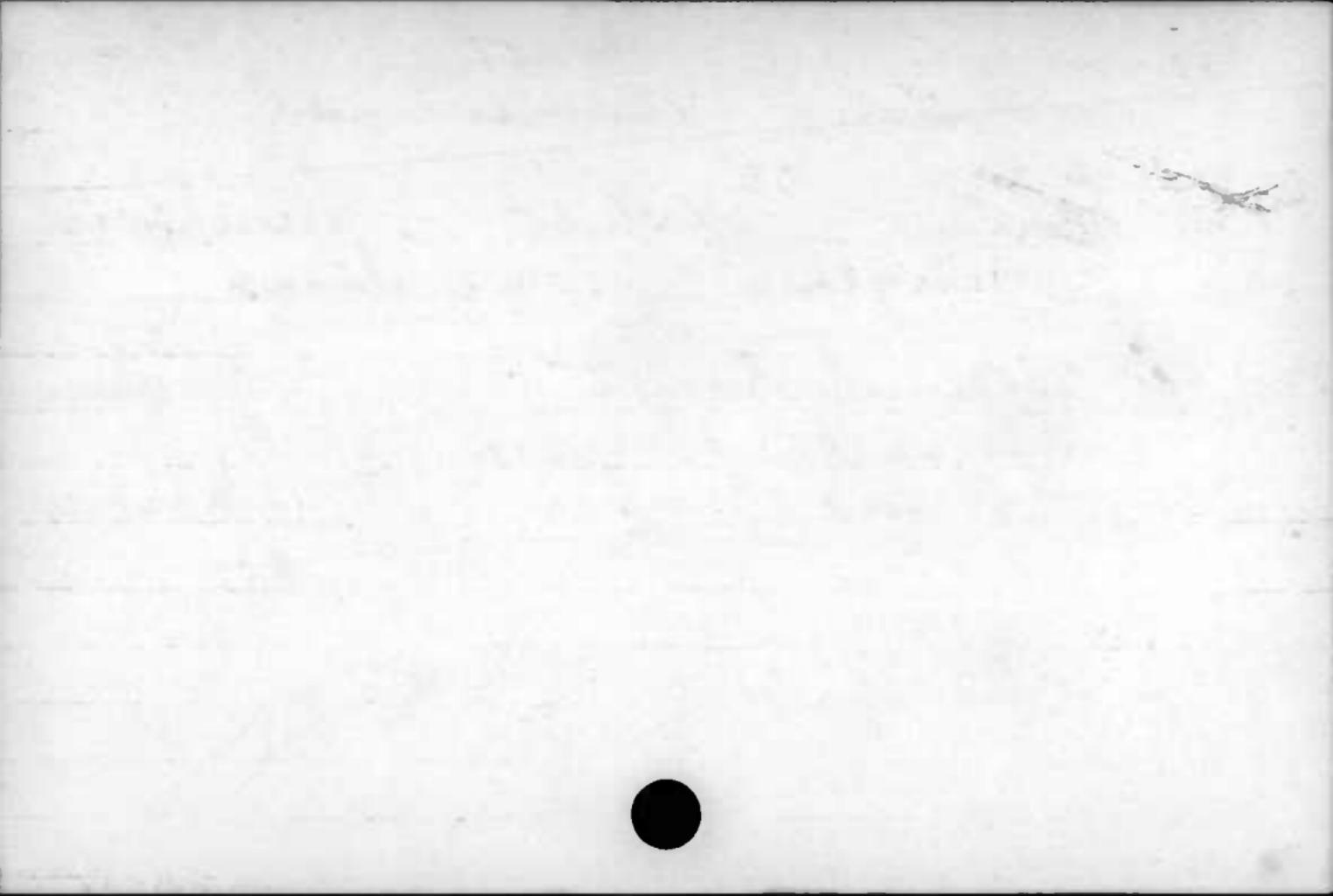
Died at	Town	County	MARYLAND		
Date of death 1902	Month Aug.	Day 1st	Years 1	Months 8	Days 16
Sex	Color or Race	Occupation			
Married, Single or Widowed	Single	None			
Name of Wife or Husband					
Father's Name	John Savages		Father's Birthplace	Annapolis	
Mother's Maiden Name	Adie Francis Gadd		Mother's Birthplace	Annapolis	
Name of person giving information	John Savages		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enter Colitis	105	How long	8 days
Immediate	Adynamia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm S Welch	
Address		Annapolis		

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Wesley Scott

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis		County Anne Arundel			
Date of death 1932	Month Aug	Day 27	Years 49	Months	Days 14
Sex Male	Color or Race colored	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Sam Scott			Father's Birthplace Annapolis		
Mother's Maiden Name Bessie Bias			Mother's Birthplace Annapolis		
Name of person giving information	Leathanne Bias		How related to deceased Grandmother		

CAUSES OF DEATH

Primary

Umbilical Hemorrhage

Newborn

Immediate

Exhaustion

Newborn

Are the name, age, sex, color, date and place correctly given above?

Yes

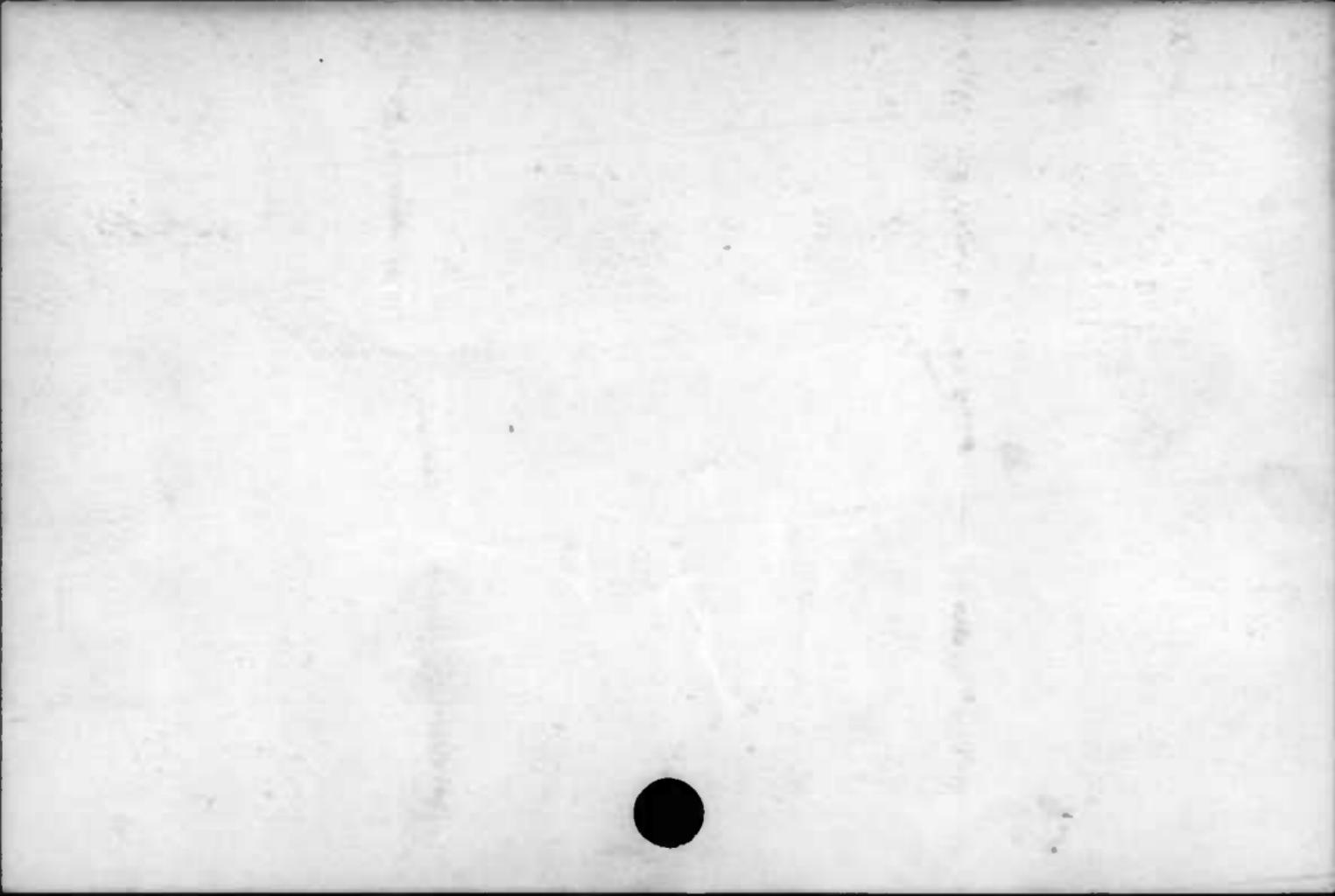
Signature of Physician

F. H. Thompson M.D.

Address

3 Church St.
Annapolis Md.

Accident or Suicide?



Name
in
Full

Mary Miller Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Annapolis	Anne Arundel	MARYLAND			
Date of death 1902	Month Aug.	Day 1st	Years 81	Months 5	Days
Sex Female	Color or Race White	Birth-place Annapolis			
Married, Single or Widowed Single	Occupation Seamstress				
Name of Wife or Husband					
Father's Name William Scott.	Father's Birthplace Md.				
Mother's Maiden Name Elizabeth Bryan	Mother's Birthplace Md.				
Name of person giving information Maria Bryan	How related to deceased Niece				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer Stomach 40

How long

1 month

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H R Walton
Annapolis
Md

Accident or Suicide?



Name
in
Full

No name still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Aug 22	Age	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed			Curtis Bay		
Name of Wife or Husband					
Father's Name	Robert D. Smith		Father's Birthplace	England	
Mother's Maiden Name	Rosel Arnold		Mother's Birthplace		
Name of person giving information	Robert D. Smith		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

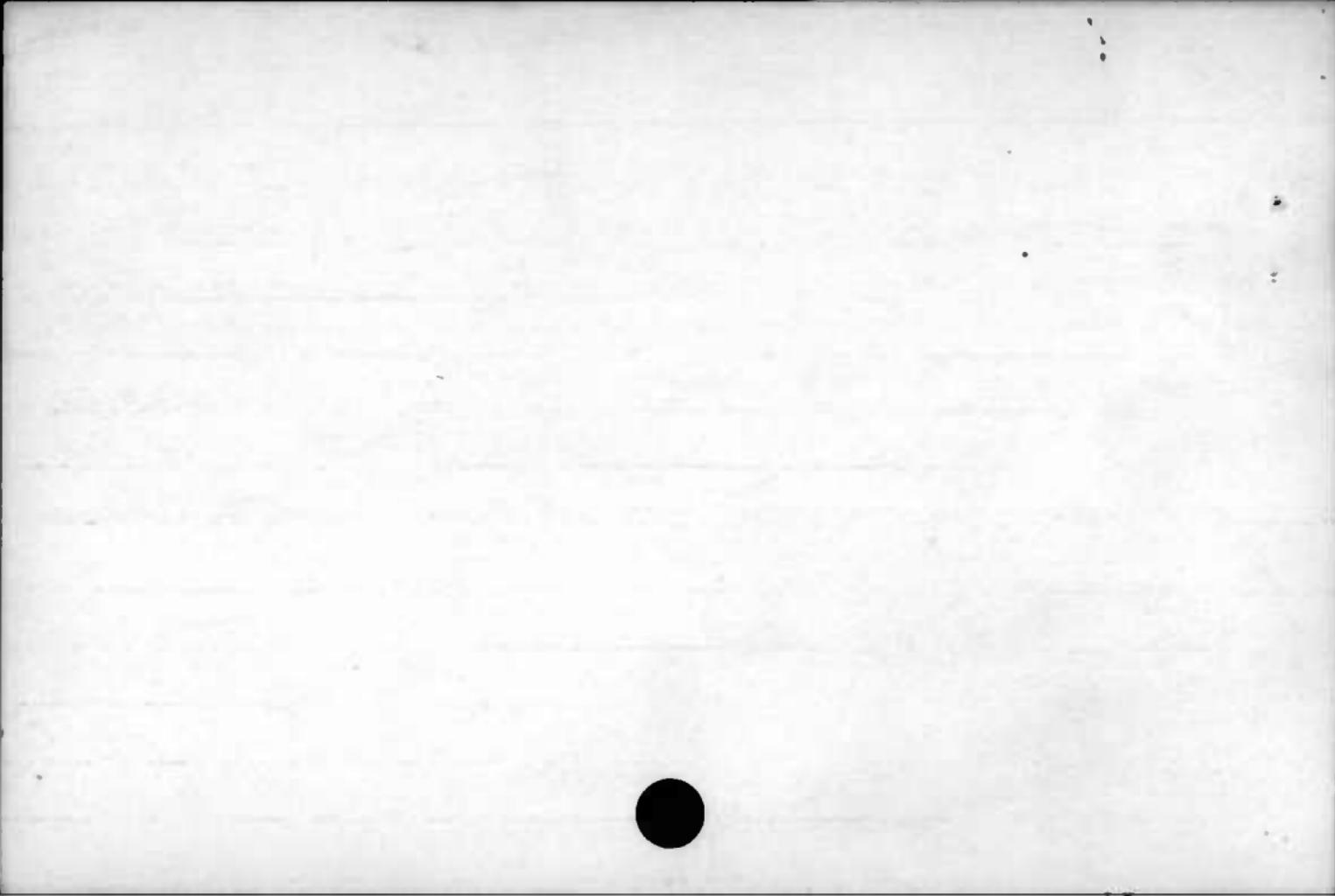
Signature of Physician

Address

H. B. Bottoms M.D.
Curtis Bay Md.

Attended by midwife

Accident or Disease



Augusta Cary Thomas

Town

County

Died at

Annapolis Anne Arundel

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

10 17

md

Female

Colored

Married

Widow

Divorced

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

W. S. Thomas

150

Mother's

Maiden Name

Elizabeth Taryman

Cause of

Primary

Hydrocephalus

How long sick

Death

Immediate

Maresmus

4 mos.

Accident, Suicide, Homicide

Reported by

S. S. Hepburn Md.

Address

Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret Tucker

CERTIFICATE OF DEATH

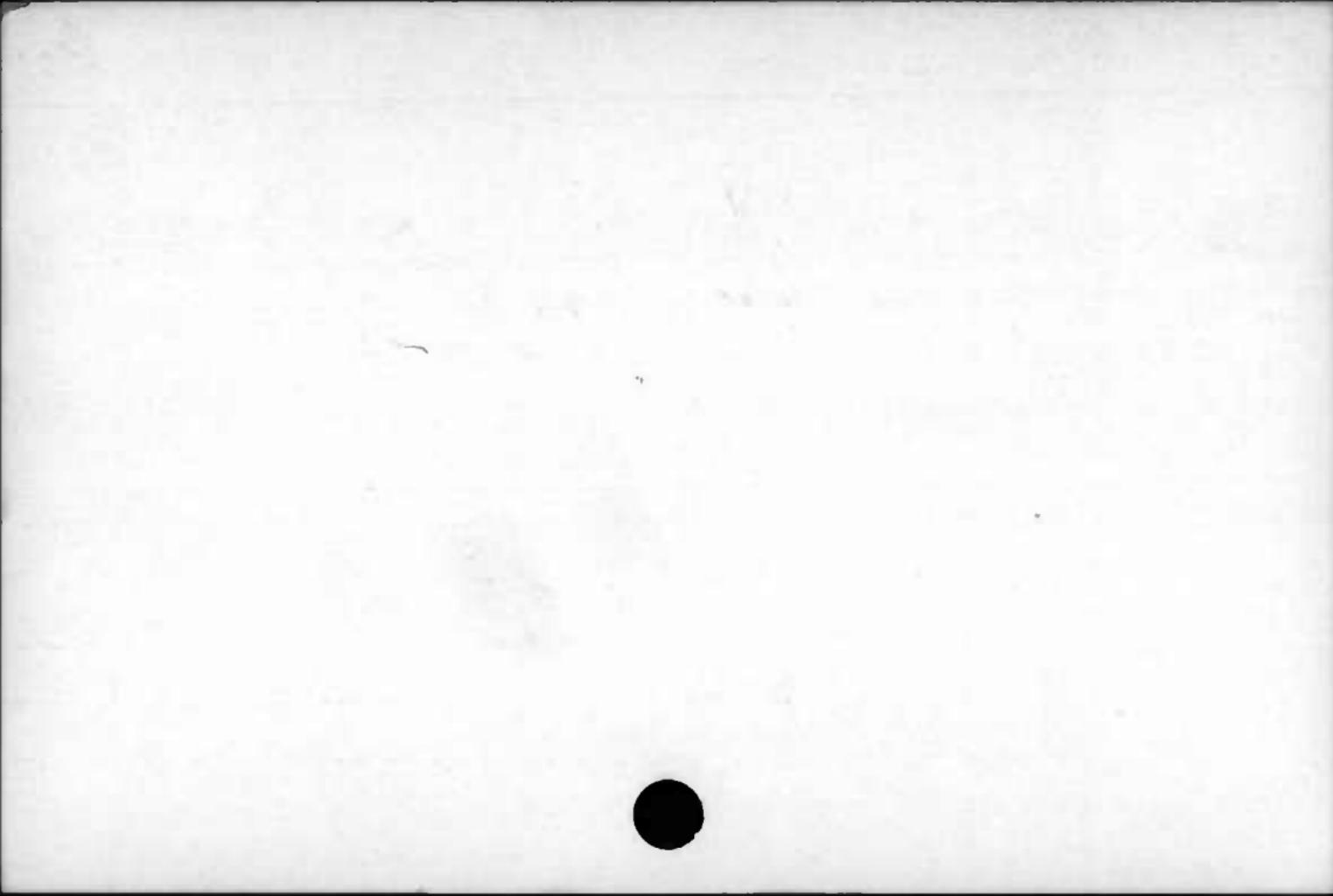
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
West River	a.a.	
Date of death 1902	Month Aug	Day 29
Age —	Years	Months 5
Sex Female	Color or Race white	Days 20
Married, Single or Widowed Single	Occupation Nothing	
Name of Wife or Husband		
Father's Name Oden Tucker	Father's Birthplace Dovidenville Md	
Mother's Maiden Name Fanny Harris	Mother's Birthplace South River Md	
Name of person giving information Oden Tucker	How related to deceased Father	105

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long 24 hours
Immediate	Unknown	How long unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician E.W. Ratiner MD
		Address West River Md
Accident or Suicide?	Neither	



Name
in
Full

JAMES WALKER

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month August	Day 13 th	Years	Months 2	Days 13-
Sex Female	Color or Race colored	Occupation	Birth-place Annapolis		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Pete Walker	Father's Birthplace	Annapolis		
Mother's Maiden Name	Nathie Anderson	Mother's Birthplace	Annapolis		
Name of person giving information	Margaret Anderson	How related to deceased	Grandmother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	105	How long	Six weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout M.D.	
		Address	Annapolis Md -	
Accident or Suicide? <input checked="" type="checkbox"/>				



Philemon Dorsey Warfield

Town

County

Died at Gumbrells Anne Arundel

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	8.	1.	Age 53.	3.	5	Maryland	Farmer
	Male	White	Married	Widow			
	Female	Colored	Single	Widower		Number of children living	One

Husband of Carry Dorsey Warfield

Father's Name Lemuel Warfield Mother's Maiden Name Elizabeth H. Owings.

Cause of Death Primary Heart disease Organic How long sick 5 years

Death Immediate Paralysis of the brain Accident, Suicide, Homicide

Reported by Dr. Joyce acting coroner

Address Millersville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph J. Watts Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at Annapolis	At Annapolis				
Date of death 1902	Month August	Day 1 st	Years	Months 11	Days 13-
Sex Male	Color or Race Colored	Occupation	Birth-place Annapolis		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Joseph J. Watts	Father's Birthplace A. County				
Mother's Maiden Name Nettie Carter	Mother's Birthplace Annapolis				
Name of person giving information Nettie Watts 105	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enterobolitis

How long

eight days

Immediate

Inanition + Asthenia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John Ridout M.D.

Yes

Address

Annapolis
Md

Accident or Suicide?



Name
in
Full

Ernestine Josephine Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months
Sex	Color or Race		Age	38	Days
Married, Single or Widowed		Occupation	Germany		
Name of Wife or Husband	Widow Hair dresser				
Father's Name	Bernard Cossin 116.			Father's Birthplace	Germany
Mother's Maiden Name	Christine Muth			Mother's Birthplace	"
Name of person giving Information	Georgia Feldpusch			How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Peritonitis

How long

10 days

Immediate

Convulsions

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

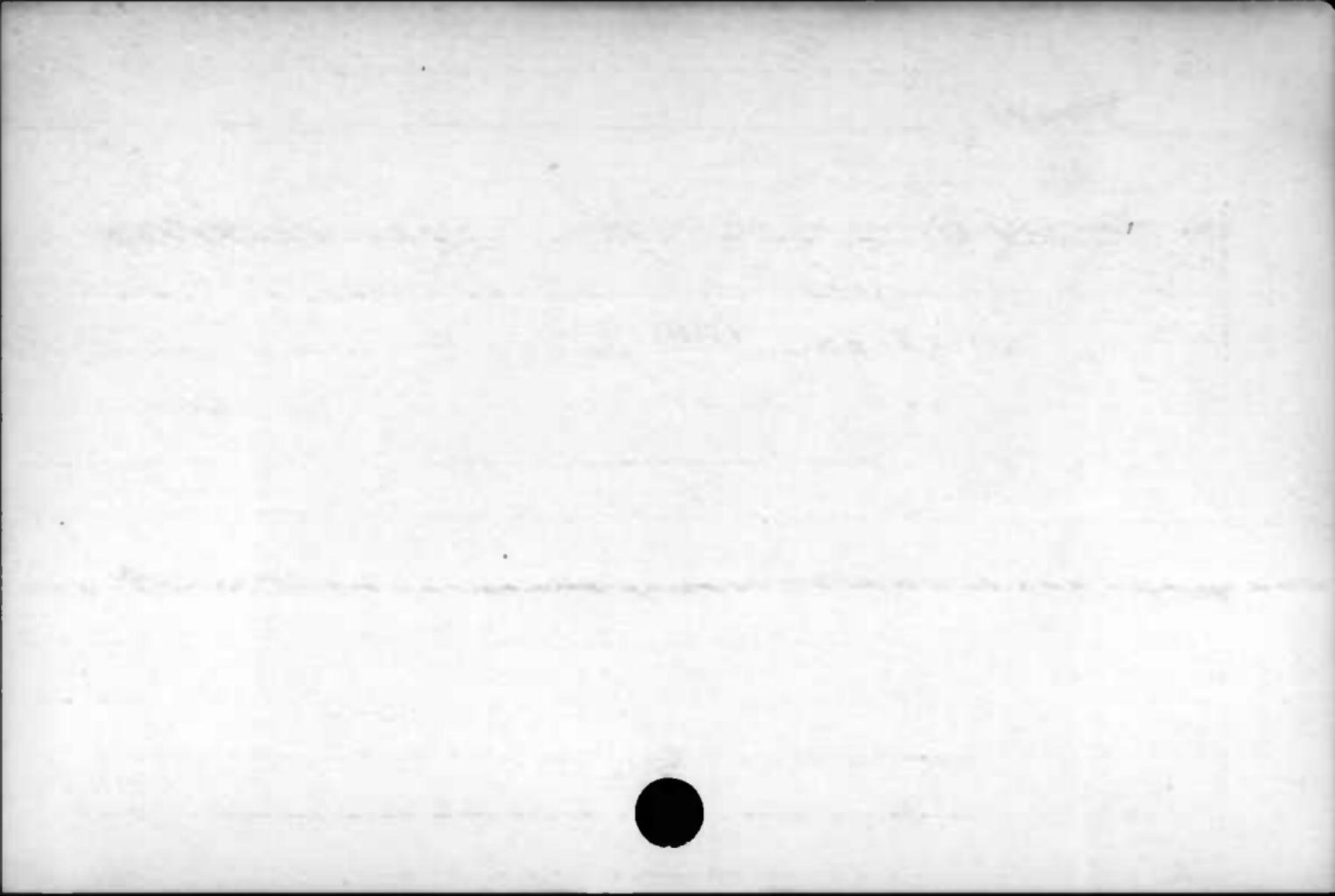
Yes

Signature of
Physician

Address

Geo. T. Dent, M.D.
Churchton Md

Accident or Suicide?



William Carl Witt

Town

County

Died at

Mays Anne Grounded

MARYLAND

Month

Day

M.

D.

Native of

Occupation

Date 19

12

Aug 17

Male

White

Age
Married626
WidowNative of
Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

105

Wife

Father's

Name

William Witt

Mother's

Maiden Name

Doratha Benizine

Cause of

Primary

Teethning

How long sick

Death

Immediate

Leholera Infantum

2 weeks

Accident, Suicide, Homicide

Reported by

John Cullivan

Address

South River

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah E. Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 8	Day 20	Years 23	Months -	Days -
Sex Female	Color or Race White	Birth- place Md			
Married, Single or Widowed Widow	Occupation Housewife				
Name of Wife or Husband -					
Father's Name Sam Wood	Father's Birthplace Me				
Mother's Maiden Name -	Mother's Birthplace -				
Name of person giving Information F. Orwings	How related to deceased -				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary old age	15t	How long
Immediate exhaustion	2 mo	How long
Are the name, age, sex, color, date and place correctly given above? Yrs	Signature of Physician	Address
Chas. S. Brook		
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louisa Young

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Annapolis	Anne Arundel			
Date of death	Month	Day	Years	Months	Days
1902	Aug.	10th	Age 70		
Sex	Color or Race	Occupation			
Female	Colored	Housework			
Married, <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Midwife				
Name of Wife or Husband	Thomas Young				
Father's Name	Not Known	Father's Birthplace			
Mother's Maiden Name	Louisa Haynes	Mother's Birthplace			
Name of person giving Information	Mrs. Hamilton	How related to deceased			
DAUGHTER					

CAUSES OF DEATH

Primary	Ulcer of leg.	154	How long	35 years
Immediate	Loss of vitality		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
		Signature of Physician		
		Address		
Accident or Suicide?				

